

CAREERS THROUGH CULINARY ARTS PROGRAM

Job Readiness Training Application

Please mail all completed application to: PO BOX 7031 Chicago, IL 60680

Or fax to: 773-305-0906



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Position Applied for			
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
Emergency Contact Information			
Name:			
Address (please include city/state/zip):			
Phone Number:			
Relationship to Applicant:			

EDUCATION			
High School		Address	
From	To	Date of Graduation?	

REFERENCES	
<i>Please list three professional references.</i>	
1) Full Name	Relationship
Company	Phone
Address	
2) Full Name	Relationship
Company	Phone
Address	
3) Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

AGREEMENT AND SIGNATURES (STUDENT AND PARENT/GUARDIAN MUST SIGN)

By signing below, I agree to allow my child to participate in the DCCP/C-CAP Job Readiness Training experience. I also certify that all of the information provided in this application is true and correct to the best of my knowledge.

Name of Parent/Guardian (printed)	
Signature	Date
<i>By signing below, I agree to participate in the DCCP/C-CAP Job Readiness Training experience. I also understand that participation means attending every camp session, being punctual, and being respectful of my camp leaders and other camp participants. Failure to comply with the rules of the camp may mean that I will not be eligible to participate in future programs including after school, C-CAP Competition, etc.</i>	
Name of Student (printed)	
Signature	Date