CAREERS THROUH 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

C·CAP

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

EDUCATION			
High School		Address	
From To	Did you graduate? YES ☐ NO ☐	Degree	

REFERENCES	
Please list three professional references.	
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? YES ☐ NO ☐			
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? YES ☐ NO ☐			
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? YES ☐ NO ☐			

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

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 mean that I will not be eligible to participate in future programs including after school, C-CAP Competition, etc.	
Name of Student (printed)	
Signature Date	