



# La Cocina VA

## Bilingual Culinary Job Training Program

### Application Form

#### 1.- GENERAL INFORMATION:

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Other name (s) if any: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Current Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino

Race:  White  African American  Native American  Asian  Other

Religion: \_\_\_\_\_

Are you a United States citizen: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, are you legally entitled to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, are you eligible to apply for one? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever served in the armed forces? YES \_\_\_\_\_ NO \_\_\_\_\_

**A. REFERRAL:**

Who referred you to La Cocina VA?

Name \_\_\_\_\_

Agency \_\_\_\_\_

Relationship \_\_\_\_\_ (example: case manager, sponsor, friend)

Contact Information: Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

Have you received services from La Cocina VA before? YES \_\_\_\_ NO \_\_\_\_ If yes, When? \_\_\_\_\_

Is this your first time to apply to the La Cocina VA program? \_\_\_\_\_

**B. DISABILITY STATUS:**

Do you have a disability that substantially limits your employment activities? YES \_\_\_\_ NO \_\_\_\_

(examples: Mental Illness, Physical Disability, Substance Abuse, Developmental/Learning Disability)

What is your disability? \_\_\_\_\_

Have you applied for SSI/SSDI/IDA? YES \_\_\_\_ NO \_\_\_\_ If yes, which one? \_\_\_\_\_

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Status of application: \_\_\_\_\_

SSI: Supplemental Security Income

SSDI: Social Security Disability Insurance

IDA: Interim Disability Assistance

**C. HOUSING:**

What is your current living situation?

Street

Emergency shelter - specify: \_\_\_\_\_

Shelter – specify: \_\_\_\_\_

Transitional housing – specify: \_\_\_\_\_

- Halfway house – specify: \_\_\_\_\_
- Residential treatment program – specify: \_\_\_\_\_
- Own apartment / house
- Permanent subsidized housing
- Friend \_\_\_\_\_ Relative's home \_\_\_\_\_
- Other

If you live with relatives or friends, please provide some information for whom you live with:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Relation: \_\_\_\_\_

Do you have a secure place to live for the next 6 months? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, how long will you have secure housing and what is your plan for finding housing afterwards?

\_\_\_\_\_

\_\_\_\_\_

If staying in a residential program, when is your move-out date? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your plan for securing housing afterwards? \_\_\_\_\_

\_\_\_\_\_

**D. FAMILY/CHILDREN:**

Current Living Arrangements: \_\_\_\_ Alone \_\_\_\_ Living with someone \_\_\_\_ Married \_\_\_\_ Friends  
 \_\_\_\_ Children

Please list the person (s) with whom you are currently living in the table below:

Name	Relationship	Age

Do you have children under 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

Are any of your children in your custody? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, why? \_\_\_\_\_

Do you plan to get them back and how? \_\_\_\_\_

If yes, how do you plan to maintain stable childcare during the program and while in full-time employment?

\_\_\_\_\_  
\_\_\_\_\_

Do you have responsibility for other family members? (example: an aging parent or a disabled relative)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. INCOME:**

Do you have any of the following sources of income or a pending application? Please complete the chart below:

	<b>Amount</b>	<b>Where Sent</b>	<b>Duration &amp; reason/explanation (type of disability)</b>
<b>SSI/SSDI</b>			
<b>Social Security</b>			
<b>IDA</b>			
<b>Veterans Benefits</b>			
<b>Veterans Healthcare</b>			
<b>Food Stamps</b>			
<b>TANF</b>			
<b>Child Support</b>			
<b>Wages</b>			
<b>Medicare</b>			
<b>Medicaid</b>			
<b>Unemployment</b>			
<b>Other Income</b>			
<b>No financial resources</b>			

**F. PUBLIC/SOCIAL SERVICES:**

What services are you currently using? Please list in chart below:

<b>Service Agency</b>	<b>Address</b>	<b>Phone</b>	<b>Contact Person</b>	<b>Type and Duration</b>

**2. PERSONAL HISTORY**

**A. EDUCATION HISTORY**

Please list the schools attended:

<b>High School</b>	<b>Diploma/GED</b>	<b>Dates</b>
<b>Vocation</b>	<b>Certificate</b>	<b>Dates</b>
<b>College</b>	<b>Degree/Major</b>	<b>Dates</b>

**B. LEGAL HISTORY**

Do you have any warrants, upcoming court dates or legal problems? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain:

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Have you ever been convicted of a misdemeanor? YES \_\_\_\_ NO \_\_\_\_

The charge(s)? \_\_\_\_\_

Were you incarcerated? YES \_\_\_\_ NO \_\_\_\_ How much time did you serve? \_\_\_\_\_

If yes, explain when and why:

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Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

The charge (s)? \_\_\_\_\_

Were you incarcerated? YES \_\_\_\_\_ NO \_\_\_\_\_ How much time did you serve? \_\_\_\_\_

If yes, explain when and why?

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Are you on probation, parole or work release? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which? \_\_\_\_\_

How long? \_\_\_\_\_

To whom do you report? \_\_\_\_\_

How often/What time? \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### C. EMPLOYMENT HISTORY

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, give firm name.

Name of Employer	Supervisor's Name	Employment dates	Pay or salary
City, State, Zip		From: To:	Start: Final
Phone Number			
<b>Your last job title:</b>			
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.

Name of Employer	Supervisor's Name	Employment dates	Pay or salary
City, State, Zip		From:	Start:
Phone Number		To:	Final
<b>Your last job title:</b>			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.			

Name of Employer	Supervisor's Name	Employment dates	Pay or salary
City, State, Zip		From: To:	Start: Final
Phone Number			
<b>Your last job title:</b>			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company.			

Give details of any food service experience you have had.

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**D. HEALTH HISTORY**

Are you currently under a doctor's care? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide contact information for your doctor.



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Name of clinic/doctor

Address

Phone

Have you ever been diagnosed with any of the following?

\_\_\_\_\_ Hypertension:

\_\_\_\_\_ Diabetes:

\_\_\_\_\_ High Cholesterol:

\_\_\_\_\_ Bi-Polar Disorder

\_\_\_\_\_ Depression

\_\_\_\_\_ Mental or Emotional Disorder – Obsessive Compulsive Disorder

\_\_\_\_\_ Post-Traumatic Stress Disorder

\_\_\_\_\_ Schizophrenia

\_\_\_\_\_ Anxiety

Do you currently see a physician for any of the above disorders? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been admitted to a mental health institution? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list ALL medications you are currently taking & the reasons for taking them in the chart below:

Medication/ Condition	Dosage	Dr. Prescribing the drug	Date began

Are you currently on any medication that may cause drowsiness or side effects? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

When was your last TB/PPD test? \_\_\_\_/\_\_\_\_/\_\_\_\_ Negative \_\_\_\_ Positive \_\_\_\_ (attached copy of your last test results)

If positive, what treatment plan did you/are you following? (Bring documentation of your treatment)

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Have you ever had any food-borne illness?

**Shiga producing E-coli:** YES \_\_\_\_ NO \_\_\_\_      **Hepatitis A virus:** YES \_\_\_\_ NO \_\_\_\_

**Salmonella:** YES \_\_\_\_ NO \_\_\_\_      **Shigella:** YES \_\_\_\_ NO \_\_\_\_      **Norovirus:** YES \_\_\_\_ NO \_\_\_\_

List allergies or issues that you have working with specific types of food:  
(For example: seafood, pork, nuts or other)

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**E. SUBSTANCE ABUSE HISTORY:**

Have you ever used alcohol or any type of legal or illegal drugs? YES \_\_\_\_ NO \_\_\_\_

If yes, please fill out the chart below:

Type of drug	How often used	How much used	Date you used last

If you have a history of alcohol & / or drug abuse, what was the last time you have been clean or sober?

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Have you ever been in a drug or alcohol treatment program? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list them in the chart below:

<b>Program</b>	<b>Inpatient, Outpatient, or Residential</b>	<b>Dates of attendance</b>	<b>Did you Complete it?</b>

Do you currently use any type of alcohol or drugs? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have used alcohol and drugs in the past, how have you maintained your sobriety? Do you attend meetings? Do you have a sponsor?

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How do you deal with stressful situations? What is your strategy to calm down if you get into an argument with a coworker/friend, etc.? What if you can't just walk away?

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What is your support network?

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Did/does anyone in your family have a problem with alcohol, drugs, abuse, violent behavior, mental illness or anything else you would consider a problem? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**F. STRENGTHS ASSESSMENT**

What do you see as your personal strengths? What skills will you bring to the training program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have been the main challenges and/or barriers in your life recently and how have you dealt with them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. GOALS /EXPECTATIONS:**

Why are you applying to this training program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**H. PROGRAM REQUIREMENTS:**

Listed below are some of the Training Program Requirements: Please initial after each one if you agree to them:

- I understand that daily attendance is required \_\_\_\_\_
- I understand that I am required to remain drug and alcohol free \_\_\_\_\_
  
- I understand that I must be on time and prepared to stay the entire day \_\_\_\_\_
  
- I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude \_\_\_\_\_
  
- I understand that I must have a willingness to confront my personal challenges and/or barriers. \_\_\_\_\_
  
- I understand that La Cocina VA is not responsible for damage, loss or theft of my personal property. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause of dismissal at any time without any previous notice. I hereby give La Cocina VA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release La Cocina VA from any liability as a result of such contract.

I also understand that:

1. La Cocina VA has a drug and alcohol policy that provides for random and causal testing before and/or during the program.
2. I consent to and am in compliance with such policy at the time of my enrollment; and
3. My continued enrollment is based on the successful passing of testing under such policy.
4. I further understand that continued enrollment may be based on the successful passing of job-related physical examinations.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I (applicant/student), \_\_\_\_\_, do hereby authorize the La Cocina VA Culinary Job Training staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Culinary Job Training Program, and information provided in Personal Life Contract Sessions with staff to: (agency, case manager, sponsor)

\_\_\_\_\_ This release of information shall expire on one year of the date of signature on this form, unless revoke by me in writing at an earlier date. In addition, I hereby release La Cocina VA and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

I (applicant/student), \_\_\_\_\_, do hereby authorize (agency, case manager, sponsor) \_\_\_\_\_ to release any and all information about professional services I have received from (agency, case manager, sponsor)

\_\_\_\_\_, since (date of service/relationship) \_\_\_\_\_, including but not limited to, records of appointments, diagnostic information, course of treatment to La Cocina VA for the purpose of the application process.

This release of information shall expire in one year of date of signature on this form, unless revoked by me in writing ant an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case manager, sponsor) \_\_\_\_\_ its officers, directors, and employees from any claims arising out of the release of the information described herein.

In addition, I hereby release La Cocina VA and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

Applicant /Student Signature:

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Culinary Job Training Staff's Signature:

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_