

Application Date: \_\_\_\_\_



1001 Harvard Boulevard  
Dayton, Ohio 45406  
937-278-4731  
[DaytonCooks@graceumc.com](mailto:DaytonCooks@graceumc.com)

Please complete this application accurately and neatly. The information provided here will be used to better understand each potential trainee's situation and needs. All information will remain confidential and is only reviewed by Dayton Cooks! staff to determine eligibility to receive this free training program.

**A copy of your Photo ID must be turned in with a fully completed application to be eligible.** Please feel free to include a letter of recommendation (optional).

How did you hear about the Dayton Cooks! Program? \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current street address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Education:**

Grade completed: \_\_\_\_\_ HS diploma/GED \_\_\_\_\_ Date completed \_\_\_\_\_

College: Degree Completed \_\_\_\_\_ Date completed \_\_\_\_\_ Major \_\_\_\_\_

**Work History:** (Please provide complete information on your last two jobs, starting with the most recent one. Note: Food Service experience is not a requirement for admission to the program.)

**Employer 1 (Company Name):** \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your duties \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Employer 2 (Company Name):** \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your duties \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Have you had any food service experience?** If so, please describe. \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you want to participate in this program. \_\_\_\_\_

What job position in the Foodservice Industry do you hope to get after graduating and why?

**Social Services Information:**

Do you have a Case Worker/ Case Manager/ Counselor? (Y/N) \_\_\_\_\_. If yes, please provide their Name & Phone #: \_\_\_\_\_ Agency/Program Name: \_\_\_\_\_

Do you have a source of income? (Y/N) \_\_\_\_\_. If yes, what is the monthly amount? \_\_\_\_\_

What is your source of income? Employment \_\_\_\_\_, Family Support \_\_\_\_\_, Unemployment \_\_\_\_\_, Social Security \_\_\_\_\_, Social Security Disability \_\_\_\_\_, other briefly explain \_\_\_\_\_.

Are you receiving assistance from MCJFS? (Check all that apply to you)

OWF \_\_\_\_\_ Food Stamps \_\_\_\_\_ Medical Card \_\_\_\_\_ ADC \_\_\_\_\_

Total number of people in household \_\_\_\_\_ Are you the Head of Household (Y/N)? \_\_\_\_\_

Ages of children in household \_\_\_\_\_

Are you currently living in a transitional home or shelter? (Y/N) \_\_\_\_\_. Are you receiving Housing Assistance from Section 8? (Y/N) \_\_\_\_\_, (Subsidized)? (Y/N) \_\_\_\_\_, if yes, what program? \_\_\_\_\_

Are you a Veteran? (Y/N) \_\_\_\_\_

Have you been in any type of drug or alcohol rehabilitation program in the past or currently? (Y/N) \_\_\_\_\_

(If yes, Current or Past) \_\_\_\_\_ If yes, what program? \_\_\_\_\_

Number of weeks alcohol/drug free \_\_\_\_\_

**Background Check:**

Do you have a Parole/ Probation Officer? (Y/N) \_\_\_\_\_

If yes, Parole Office Name and Phone#? \_\_\_\_\_

Do you have any court cases pending? If yes, describe and provide date. \_\_\_\_\_

**In Case of Emergency:**

Who do we contact in case of an emergency? \_\_\_\_\_

Phone # (s) \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Do you have a doctor? (Y/ N) \_\_\_\_ Doctor Name & Phone#: \_\_\_\_\_

Are you taking any prescriptions from which you experience any side effects, such as drowsiness, impaired motor skills or impaired judgement when taking these medications? (Y/N) \_\_\_\_\_

Do you have any medical condition(s) that will interfere with lifting 50lbs or standing for 4 hours?

Have you been diagnosed with hepatitis A? Yes \_\_\_\_\_ No \_\_\_\_\_.

**Thank you for applying to Dayton Cooks!**

*Please note that the program follows the Dayton School System calendar, the program runs every 10 weeks and is closed when school is not in session. Please call 937-278-4731 with questions or email: [DaytonCooks@graceumc.com](mailto:DaytonCooks@graceumc.com).*