

Application Date: _____



@ Gem City Market - 324 Salem Avenue - Dayton, Ohio 45406
937- 239-0369
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 937-239-0369 with questions or email: DaytonCooks@graceumc.com.