



CULINARY ARTS PROGRAM

Basic Training Outline

QUALIFICATIONS

The Culinary Arts Program is designed for individuals who are interested in a career in the food industry. This program involves both classroom learning and hands-on training. Students are provided with an overview of basic life skills for success in professional relationships; employability skills to insure students are able to secure employment; and hands-on training in foodservice skills to prepare students to receive a certified food handler's certificate. All applicants will be screened to be sure that each one:

- Is interested in a career in the food service industry
- Has a sponsor (caseworker) or referring agency
- Is clean and free of illegal drugs
- Is committed to a 12 week curriculum
- Has a positive attitude and wants to be part of a team.

EXPECTATIONS

To insure a positive and successful experience, all students are asked to fulfill these expectations:

- Attend classes 5 days/week from 9 am- 4 pm
- Report absences to Moveable Feast by no later than 9 am
- Have no more than 6 absences from class in 12 weeks; provide documentation for any absence.
- Smoke in designated smoking areas only. NO Smoking in the building or within 20 feet of entry.
- Do NOT bring any valuables to class. Lockers are provided for small personal items.
- NO visitors or dependent children are permitted during training hours.
- No phone calls are permitted during training hours, except for emergencies.
- No verbal or physical threats towards fellow students, staff, or volunteers.
- Participate in background check, initial drug-screening, and drug-screening for cause.

BENEFITS

- Opportunity for permanent and full time employment at completion of the program
- Weekly transportation stipend/MTA pass
- Breakfast and lunch provided daily
- Certified Food Handlers permit upon successful completion of ServSafe instruction
- Graduation Award gift



MOVEABLE FEAST, Inc.
 901 N. Milton Avenue
 Baltimore, MD 21205
 Phone: 410-327-3420 Fax: 410-327-3426

Accepted

Rejected

APPLICATION FOR CULINARY CLASS

INSTRUCTIONS: Type or print legibly using black ink. Attach a resume, if available. AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED.

PERSONAL

Name: Last		First	Middle	Social Security #
Number/Street				Apt. #
City	State	Zip code		How did you learn of the class? <u>From</u> <input type="checkbox"/> Current employee _____ <input type="checkbox"/> Former employee _____ <input type="checkbox"/> Friend/ relative _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Other _____
Home Phone #		Work Phone #		
Emergency Contact:				
Name:		Phone #		

EDUCATION

Name and Address of Schools Attended	Graduate		Identify Major/Minor Subject	Degree Received
	Yes	No		
High School (Last Attended)				
College or University				
Other Schools				

SKILLS

Equipment/Machines _____

Software programs (Circle level of expertise next to each program listed: 1 – Beginner 2 – Intermediate 3 – Advanced):

_____ : 1 2 3 _____ : 1 2 3 _____ : 1 2 3

_____ : 1 2 3 _____ : 1 2 3 _____ : 1 2 3

Keyboarding (WPM): _____ Editing: Yes No Other: _____

EMPLOYMENT RECORD Provide information for the previous 3 years. (If more space is needed, attach sheet)

PRESENT OR LAST EMPLOYEE

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ / TO _____
Month/Year Month/Year

DUTIES _____

SALARY _____

REASON FOR LEAVING _____

SECOND LAST EMPLOYEE

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ / TO _____
Month/Year Month/Year

DUTIES _____

SALARY _____

REASON FOR LEAVING _____

THIRD LAST EMPLOYEE

NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ / TO _____
Month/Year Month/Year

DUTIES _____

SALARY _____

REASON FOR LEAVING _____

CULINARY CLASS ELIGIBILITY

Are you a citizen of the United States? YES NO

Are you under age 18: YES NO

CONVICTIONS Have you ever been convicted of a criminal offence other than a motor vehicle offence?

YES NO

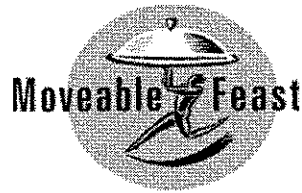
If yes, fully explain: _____

TERMS OF APPLICATION

I hereby certify that the facts set forth in the above culinary class application are true and complete to the best of my knowledge. I UNDERSTAND THAT IF ACCEPTED IN THE CULINARY CLASS, OMISSIONS AND/OR FALSIFIED STATEMENTS ON THE APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I authorize Moveable Feast to make an investigation that may include, but is not limited to current and past employment, academic credentials, credit history, criminal record, and I agree to hold Moveable Feast and any individual or organization providing such information harmless in connection with the collection and use of such information. **If accepted into the Culinary Class I understand that verbal or physical threats used against other students, volunteers, or staff will be grounds for immediate dismissal from the class.**

APPLICANT'S SIGNATURE: _____ DATE: _____

Moveable Feast



Culinary Skills Training Program

Statement of Confidentiality

I will not mention the names of people who are referred to Moveable Feast as clients, unless I am required to do so for legal, medical, or epidemiological purposes. I will not discuss or mention any aspect of any Moveable Feast client's medical or special history of laboratory data, even if not linked to the client's name, nor will I discuss information about his/her contacts, unless I am required to do so for legal, medical or epidemiological purposes. In circumstances in which I am required to provide information about a client, I will follow established procedures designed to minimize any breach of confidentiality. If in a particular situation I am uncertain whether I should release client information, I will ask a supervisor for clarification. I understand that violation of the above is grounds for disciplinary action, up to and including dismissal from the training program.

Consent and Waiver

I understand that Moveable Feast is a non-profit, charitable organization, one of the purposes of which is to provide nutritious meals and related services to homebound persons affected by HIV disease living throughout Baltimore City and the surrounding Counties. I further understand that there are certain risks of personal injury and property damage or loss inherent in the delivery of meals to clients at their homes and in the performance of services for clients. I have voluntarily enrolled in the training program at Moveable Feast with full knowledge and awareness of these risks and hereby personally assume all such risks. In addition, I hereby unconditionally and irrevocably release Moveable Feast and each of its officers, directors, employees and volunteers from any injury, loss or damage, which may befall me or any of my property while I am in training at Moveable Feast. I further agree to save and hold harmless Moveable Feast and its officers, directors, employees and volunteers from any claim by me, or my family, estate, heirs or assigns arising out of any injury, loss or damage arising from or attributable to my training program at Moveable Feast.

I understand that because of clients' limited resources, I may have to act as a liaison for the client, and the staff of Moveable Feast.

I agree not to be under the influence of any alcohol or illegal substances which I am in training at Moveable Feast.

I understand that I am not an employee of Moveable Feast and also that I am not entitled to and will not seek any form of worker's compensation.

I agree to adhere to all relevant policies and procedures set forth by Moveable Feast.

Student Name _____
(please print)

Student Signature _____ Witness _____

Date: _____



Applicant Screening Form

Dear Applicant,

Printed Name: _____

Moveable Feast is offering a foodservice training program to selected individuals. This is a tremendous opportunity for the person who is willing to commit his/herself to a little hard work and responsibility. In turn, Moveable Feast will provide a 12-week course in culinary skills, life skills and employability training. Graduates of this program will be assisted with job search and placement.

If you would like to be considered for this free program through Moveable Feast, please answer the following questions and return this form. (If applicable, please also include the signature of your Supervising Agent.)

1. Are you a high school graduate? Yes No

2. Many employers require a high school education or GED. If you did not graduate from high school, would you be willing to enroll in a GED program if the information was made available to you through Moveable Feast? Yes No

3. The foodservice training program being offered requires full-time attendance Monday through Friday, 9 AM to 4 PM. Do you have any issues that would prevent you from attending classes daily? (i.e. child care, health, transportation, etc.) If yes, explain briefly. Yes No

4. Working in a foodservice operation often requires hard work and long hours. Would you accept a job that requires you to stand on your feet for 8 hours per day? Yes No

Can you lift a minimum of 50 pounds? Yes No

5. Would you be willing to submit to regular drug testing in order to participate in this program? Yes No

6. Would you be willing to submit to a background check? Yes No

7. Working in a kitchen will require a sound understanding of math principles. Please answer the following questions:

a. If one cup equals 8 ounces and there are 16 cups in one gallon, how many ounces are there in one gallon of liquid?

b. $1/4 + 1/2 = ?$

c. If I have 3 dozen eggs, how many eggs do I have?

d. If I give away 8 eggs from the last question, how many eggs will I have left?

8. In a minimum of 1 paragraph, please explain what challenges you are encountering in trying to find a job.

9. In a minimum of 1 paragraph, please explain why you would like to be considered for this program.

Name: _____
Signature

Supervising Agent: _____
Signature

Address: _____

City/State/Zip: _____

Date: _____



Case Worker/ Referring Agent Screening Form

For Moveable Feast's Culinary Skills Program

Intellectual Competence:

Does the candidate demonstrate the ability to follow directions?

Yes No

Does the candidate demonstrate sound thought process?

Yes No

In your opinion, how would you rate the candidates level of comprehension in the following areas?

Reading	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Verbal	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Physical Barriers:

In your opinion, does the candidate have any physical barriers that may limit his/her ability to work in the labor-intensive environment of a foodservice kitchen?

Yes No

If Yes, please explain.

Mental Barriers:

In your opinion, does the candidate show any signs of mental instability that would make the candidate a threat to him/herself or others?

Yes No

If Yes, Please explain.

In your opinion, does the candidate show any signs of mental instability that would make the candidate disruptive or unable to follow a structured program?

Yes No

If Yes, please explain.

Candidate Name: _____ Case Worker/Referring Agent Name: _____

Date: _____