



## Culinary Training Program Application for Admission

<b>Personal Information</b>		
<b>Legal Name</b>		
Last:	First:	Middle:
<b>Permanent Mailing Address:</b> (Number, Street Name, Apt if applicable, City, State, and Zip Code)		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>
<b>Date of birth:</b>	<b>Gender:</b>	<b>Do you have proof of authorization to legally work in the United States?</b>
____/____/____ Month    Day    Year	____ Male    ____ Female	____ Yes    ____ No
Indicate the session you are applying for:		
____ Session I (September 11, 2023 – December 7, 2023)		
____ Session II (January 8, 2024 – April 4, 2024)		
____ Session III (May 6, 2024 – July 25, 2024)		

<b>Occupational or Professional Experience:</b> Indicate past work experience			
Position/Activity	Location — include city and state	From Mo/Yr	To Mo/Yr
		/	/
		/	/
		/	/

<b>Emergency Contact Name:</b>		<b>Relationship to Student:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Address:</b> (Number, Street Name, Apt if applicable, City, State, and Zip Code)		

**Education (Please check all those that apply):**

- Graduated (High School)
- Anticipated Date of Graduation from High School (month/year\_\_\_\_\_)
- Completed GED
- Anticipated Date of completion of GED (month/year\_\_\_\_\_)
- Received Certificate of Attendance
- Received Special Diploma
- None of the above (did not complete high school or GED)

**Other Degrees/Certifications Possessed** \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been incarcerated, convicted of a felony, or experienced disciplinary problems at another educational institution?**

YES  NO

**If yes, we will discuss at the interview.**

**Once admission to this program has been granted, a drug test and background check will be required. Do you agree to complete these screenings?**

YES  NO

If no, please explain why.

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

**Please briefly describe why you are interested in working in the hospitality/food service industry.**

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

**Admission Criteria**

1. Completed Application
3. Minimum age of 18 years old
4. High School Diploma or G.E.D preferred.
4. A copy of a valid driver's license, passport, or photo I.D.
5. Admissions interviews on site.
6. Desire to work in the food service industry.

## Terms and Conditions

### Applications must include the following:

1. Completed Application with all Signatures
2. Copy of any visa information (if applicable)
3. Copy of a valid driver's license, State ID card or other proof of residence.

**Enrollment Period:** The enrollment period for the program is twelve (12) weeks. The twelve (12) week course period begins on the course start date.

**Classes begin promptly at 9:00 a.m. and run until 2:00 p.m., Monday through Thursday. A 30-minute lunch break is provided.**

**All classes take place at:**

**Catholic Charities of Eastern Oklahoma-Classroom 8  
2450 N Harvard Ave  
Tulsa, Oklahoma 74115**

**Submit completed application via email to: [goodshepherdculinary@cceok.org](mailto:goodshepherdculinary@cceok.org)**

**If you have any questions, please contact Chef Michael Fusco at:**

Phone: (918) 935-2634

- I agree to comply with the rules and policies and understand that Catholic Charities shall have the right to dismiss me from the program for attendance issues, for failure to participate or for disruptive behavior.
- I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. I agree that if my records are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date Received**