

**HAIGHT ASHBURY FOOD PROGRAM
JOB TRAINING PROJECT APPLICATION**

It is important that you fill out this form completely and accurately. The information here will be used by Job Training Project staff to better understand each individual trainee's needs. All information will remain strictly confidential.

Date: _____

Name _____

Date of Birth: ____/____/____ Social Security #: _____

Home Address _____

Home Phone # _____ Contact for a message: _____

Name and Phone # of person in case of an emergency _____

EDUCATION

Highest Grade Completed _____

College or Trade School (Name and years completed)

Other Special Training _____

Are you a Veteran of the Armed Forces? _____

Have you registered with selective service (if male and born after 1960) _____?

WORK HISTORY (If Any)

Please provide complete information on your last three jobs, starting with the most recent one.

Note: Food service experience is not a requirement for admission to the program.

1. Employer (Company Name) _____

Dates of employment: From ____/____/____ to ____/____/____

Address: _____

Phone: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

2. Employer (Company Name) _____

Dates of employment: From ____/____/____ to ____/____/____

Address: _____

Phone: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

3. Employer (Company Name) _____

Dates of employment: From _____ / _____ to _____ / _____

Address: _____

Phone: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Have you had any experience in food service not listed above? If so, please describe:

SOCIAL SERVICES INFORMATION

Are you living in a transitional home, shelter, or any other social service program? If yes, what program?

Are you involved in any type of drug or alcohol rehabilitation program? If yes, which program?

Have you been convicted of a felony since you were 18? If yes, please describe charge(s) and date.

Do you have any court cases pending and/or are you on parole at this time? If yes, please describe.

Parole Officer's name and phone number _____

Are you participating in any government assistance program? (ie; PAES, CalWorks, GA, SSI, etc...) ___yes

___no. If so, which? _____

Name and phone # of caseworker, if any: _____

Do you have a doctor? If yes, give name and phone number.

Are you currently on any prescription medicine or any other medications? If yes, please name them.

Do you experience any side effects, such as drowsiness? _____

Is there any other medical information that we should know about? _____

PLEASE WRITE A SHORT STATEMENT AS TO WHY YOU WOULD LIKE TO PARTICIPATE IN THE PROGRAM:

I certify that, to the best of my knowledge, the foregoing information is truthful and accurate.

Signature

Fax completed application to 415.682.3660 or mail or drop in to
HAFP, 1525 Waller Street, SF, CA 94117. Questions? Call 415.566.4158

****Note: All applicants must be willing to partake in the following activities prior to enrollment:**

- Complete and pass 2-Week Probationary Period prior to start of class
- Take CASAS Reading and Math tests (scores will NOT affect your eligibility in most cases)
- Get a general physical from your doctor or the Haight Ashbury Free Clinic
- Participate in drug testing

Haight Ashbury Food Program is an equal opportunity employer and does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and citizenship in its program and its staff. Auxiliary aids and services are available upon request to individuals with disabilities.

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