



Please Return All Applications To:  
The Franciscan Center  
101 W. 23rd Street  
Baltimore, MD 21218  
or email to [scorrozi@fcbmore.org](mailto:scorrozi@fcbmore.org)

## Dignity Plates Culinary Training Academy Application

Dignity Plates Training Academy is a 12-week culinary arts training program. The program prepares students to enter or re-enter the workforce by providing practical instruction and skill development, industry and subject matter training, placement assistance and supportive services. We expect students to achieve Serv Safe manager certification and to begin working in the culinary field at the completion of the program.

**The next cohort is expected to begin on June 6th. If selected, interviews will be held at the Franciscan Center during the first three weeks of May. Applicants will receive an email explaining the next steps in the interview process.**

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Ethnicity (Please select all that apply):

<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific islander
<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Asian	

E-mail: \_\_\_\_\_

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

## Dignity Plates Culinary Career Assessment

For each question circle the number that best corresponds to how much you agree with each statement with 1 indicating that you very much agree and 5 meaning that you very much disagree.

	Agree		Neutral		Disagree
1. I appreciate having variety in my work day.	1	2	3	4	5
2. I can pay close attention to details.	1	2	3	4	5
3. I'm good at basic math.	1	2	3	4	5
4. I am able to work quickly in demanding atmospheres.	1	2	3	4	5
5. I enjoy working with other people.	1	2	3	4	5
6. I have good physical strength and stamina.	1	2	3	4	5
7. I have good communication skills.	1	2	3	4	5
8. I take pride in accomplishing something tangible.	1	2	3	4	5
9. I value privacy and quiet time when I'm at work.	1	2	3	4	5
10. I like to cook for my friends and family.	1	2	3	4	5
11. I think weekends are for family and friends, not work.	1	2	3	4	5

How did you hear about the program? \_\_\_\_\_

Why are you interested in the Culinary Job Training Program?

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Do you have food service experience? \_\_\_\_\_

If so, briefly describe your experience:

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**WORK ELIGIBILITY**

Are you legally eligible to work in the U.S.? \_\_\_\_\_

Are you a veteran? \_\_\_\_\_

**EDUCATION**

Highest education level completed: \_\_\_\_\_

**HOUSING**

Do you have a stable place to live for the next 6 months? \_\_\_\_\_

Are you responsible for the care of any children or family member(s)? \_\_\_\_\_

**TRANSPORTATION:**

Do you have reliable transportation? \_\_\_\_\_

What is your primary mode of transportation? \_\_\_\_\_

**EMPLOYMENT STATUS:**

Are you currently employed? \_\_\_\_\_

If yes, where do you currently work: \_\_\_\_\_

**VACCINATION STATUS:**

What is your vaccination status?

Unvaccinated

Fully Vaccinated and Boosted

Partially Vaccinated

Decline to answer

Fully Vaccinated

Please be truthful about your responses to the following questions, responding "Yes" to any of the following questions will not necessarily disqualify you for acceptance or admission to the program.

**LEGAL**

Do you have any pending court cases? \_\_\_\_\_

If yes, next court date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Do you have any current warrants? \_\_\_\_\_

Have you ever been found guilty of a crime or misdemeanor? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently on parole, probation, work release, home confinement? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

**SUBSTANCE USE:**

Have you ever used alcohol or drugs? \_\_\_\_\_

If yes, please check below and indicate length of use:

Alcohol \_\_\_\_\_ Length of Use: \_\_\_\_\_

PCP \_\_\_\_\_ Length of Use: \_\_\_\_\_

Heroin \_\_\_\_\_ Length of Use: \_\_\_\_\_

Marijuana \_\_\_\_\_ Length of Use: \_\_\_\_\_

Crack/Cocaine \_\_\_\_\_ Length of Use: \_\_\_\_\_

LSD \_\_\_\_\_ Length of Use: \_\_\_\_\_

Other \_\_\_\_\_ Length of Use: \_\_\_\_\_

If you have a history of alcohol or drug abuse what is your clean date? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**HEALTH**

Please list all diagnosed medical conditions (e.g., high blood pressure, asthma, arthritis, diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been diagnosed with a mental illness? \_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

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Because this program requires in-person attendance and face- to- face instruction, we take all reasonable precautions to ensure your safety. This includes requiring a negative COVID-19 test within two weeks of the start of the program. I understand that I may be required to take a COVID test and share the results with the Franciscan Center at any point in order to continue participating in the program.

\_\_\_\_\_(initials)

Because the kitchen environment is inherently dangerous, including exposure to high heat and hot surfaces and sharp knives and tools, it is in the interest of all of us to ensure that we are unimpaired. This includes an absolute prohibition on the use of intoxicating drugs and alcohol. By entering this program, you acknowledge that we may require a drug test at any time and that your continuation in the program may be dependent upon a satisfactory result.

\_\_\_\_\_(initials)

I, \_\_\_\_\_, state that all the information provided above is accurate and true to the extent of my knowledge and that evidence of dishonesty or misrepresentation will be grounds for dismissal from this program.

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Name (print)

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(Signature)

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Date