



Please Return All Applications To:

The Franciscan Center
 101 W. 23rd Street
 Baltimore, MD 21218
 or email to:
dpurcell@fcbmore.org

Dignity Plates Culinary Training Academy Application

Dignity Plates Training Academy is a 13-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 October 23rd. If selected, interviews will be held at the Franciscan Center during the 1st and 3rd weeks of October. 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: ____/____/____

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: _____

Is your residence the same as your mailing address? If no please provide mailing 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?

Do you have food service experience? _____

If so, briefly describe your experience:

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.):

Have you ever been diagnosed with a mental illness? _____

Is there anything else we should know about you? _____

Because this program requires in-person attendance and face- to- face instruction, we take all reasonable precautions to ensure your safety. 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.

Name (print)

(Signature)

Date