



JOB TRAINING APPLICATION

833 South Lincoln Ave Waukegan, IL 224-637-8020 RobertiCulinaryPathway.org

NAME _____ DATE OF BIRTH ____ / ____ / ____

EMAIL _____ PHONE _____

ADDRESS _____ CITY _____

PREFERRED CONTACT: TEXT _____ EMAIL _____ PHONE _____

DO YOU HAVE A SOCIAL SECURITY CARD? YES NO

CAN YOU PASS A DRUG TEST? YES NO

ARE YOU AVAILABLE MONDAY-FRIDAY 9AM-3PM? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

HAVE YOU EVER WORKED IN FOODSERVICE? YES NO

DO YOU CURRENTLY HAVE A FOOD HANDLER CARD? YES NO

ARE YOU SERIOUS ABOUT GETTING A JOB IN FOOD SERVICE? YES NO

HOW DID YOU HEAR ABOUT ROBERTI CULINARY PATHWAY? _____

I certify that the above facts are true to the best of my knowledge and belief and I understand that I can be disqualified from entering or staying in the Roberti Culinary Pathway program in the event that the above facts are found to be falsified.

Signature _____ Date _____

Please return or mail this application to 833 S Lincoln Ave, Waukegan, IL 60085