

**STROLLING OF THE HEIFERS
FARM-TO-TABLE CULINARY APPRENTICESHIP PROGRAM
APPLICATION**

Name:

First _____ Last _____

Address

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Cell Phone _____

Email Address: _____

Date of Birth: _____

Education

Please indicate the highest level of education you have achieved

- Grade School
- Some high school
- Completed high school
- Some college
- Two-year college degree
- Four-year college degree
- Graduate school

If you attended college, please describe your major or concentration of study:

Are you a US Armed Forces Veteran?

- YES
- NO

Employment Income

Please list all current sources of employment income — list name of each employer, and the gross amount of your average weekly compensation. If not currently employed, enter "NONE".

EMPLOYER NAME	WEEKLY GROSS PAY
_____	\$ _____
_____	\$ _____
_____	\$ _____

All other income

Please list sources and gross monthly amount of any income other than employment income (Child support, pension/annuity, Social Security, Reach-Up, unemployment, other periodic payments, etc.). If you have no non-employment income, enter "NONE".

INCOME SOURCE	MONTHLY GROSS AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

Employment history

Please describe any employment prior to your current employment, particularly any employment at culinary establishments. Provide dates and weekly compensation rates. If none, enter "NONE".

What is your career goal?

Why do you want to participate in this program?

Personal references

Please provide at least one personal reference (not a current employer or relative). Include phone number for each reference.

Emergency Contact Person

Please provide name of a person who should be contacted in the event of an emergency during this program.

First _____ Last _____

Emergency Contact Phone

Please provide best phone number for your emergency contact.

Emergency Contact alternate phone

Please provide any alternative phone number for your emergency contact (home, cell, or work).

The information provided above is accurate.

Signed: _____

Date: _____