fulfill HUNGER WON'T WIN HERE
MONMOUTH & OCEAN
MEMBER OF FEEDING AMERICA

NEPTUNE FACILITY
3300 Route 66
Neptune, NJ 07753

THE B.E.A.T. CENTER
1769 Hooper Ave
Toms River, NJ 08753

Please Check Off Date You Are Applying For:

- ☐ January 16, 2024
- ☐ May 20, 2024
- ☐ September 16, 2024

Classes will be held in Toms River

ACF
American Culinary Federation Education Foundation Approved Program

CULINARY ARTS TRAINING PROGRAM

Please be sure to answer **ALL** questions. All applications will be kept confidential.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED.

Mail completed application to:

Culinary Arts Training Program
The B.E.A.T. Center
1769 Hooper Avenue
Toms River, NJ 08753

Date: _____

Name: _____
Last **First** **Middle Initial**

Address: _____
Street **Apt.#** **City** **State/Zip**

Cell Phone:_____ **Home Phone:**_____

Email: _____

Referral Source (Please √ One):

☐ **Friend/Relative** ☐ **Counselor/Social Worker** ☐ **Parole/Probation Officer** ☐ **Walk-In**

Name of Referring Agency/Person: _____

General Information

Can you successfully pass a drug test and are you able to remain drug free and sober for the length of this 13 week program? □ Yes □ No

Do you have any physical or mental health conditions that make certain work or physical activities difficult for you? □ Yes □ No
If yes, please explain: _____

Do you currently have a MED 1 exemption from the Division of Social Services? □ Yes □ No

Do you take any medications that may cause you to experience side effects such as drowsiness, impaired motor skills, or impaired judgement? □ Yes □ No
If yes, please explain: _____

Do you have any food allergies or dietary restrictions? □ Yes □ No
If yes, please explain: _____

All instruction for this program is conducted in English. Are you able to read, write and communicate in English proficiently? □ Yes □ No

Do you have any upcoming appointments or vacation plans that will occur during the time the program you are applying for will be in session? □ Yes □ No
If yes, please explain: _____

Are you able to stand for 8 hours per day? □ Yes □ No

Are you able to lift up to 50 pounds? □ Yes □ No

Are you CURRENTLY certified in CPR? □ Yes □ No

Do you have a CURRENT Serv Safe certification □ Yes □ No

Housing Status: □ Own □ Rent □ Transitional program/Shelter □ Staying with family/friend
□ Hotel/Motel □ Homeless □ Other

Transportation: How will you be getting to and from class every day?
□ Driving myself □ Bus □ Walk □ Bicycle □ Cab □ Other (someone will be bringing me)

If you are currently UNemployed, when was the last time you were employed? _____

Education History

Type of Education	Name of School, City and State	Dates Attended	Did you Complete? Yes/No	Diploma/Degree/ Certificate/Highest grade level completed
High School				
College/University				
Vocational/Technical				
Other Training				

Income Information

The Culinary Arts Training Program accepts private pay students. As a nonprofit, Fulfill also provides scholarships for eligible students so they may participate in the training at no cost to them. Eligibility for scholarships may be income based (less than 200% of the federal poverty level, which is approximately $23,000 annually for a single independent adult or $48,000 annually for a family of four), or based on other criteria designated by donors. Scholarships are funded by private donations, and private and public grants, including reimbursement for students referred through the New Jersey Department of Labor. Scholarships are provided for students based on eligibility and on a first come, first serve basis. Fulfill reserves the right to limit the number of students who receive scholarships based on availability of grants and donations. **All responses will remain confidential**.

What is your monthly household income? _____

How many individuals do you live with? _____ How many are under age 18? _____

Are you the main financial supporter of the household? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No ☐ Full Time ☐ Part Time

Are you currently receiving any of the following benefits? (Please √ all that apply)

☐ **SNAP (**Supplemental Nutrition Assistance Program, formerly known as Food Stamps)

☐ **Rental Assistance**

☐ **TANF** (Temporary Assistance for Needy Families)

☐ **Unemployment Insurance**

☐ **GA (**General Assistance)

☐ **Section 8 Housing**

☐ **Social Security Disability Insurance (SSDI)**

☐ **Social Security Insurance (SSI)**

☐ **LIHEAP (**Low Income Home Energy Assistance Program)

Fulfill offers assistance with multiple benefits such as SNAP, Medicaid and free income tax preparation. Would you like to be contacted in order to apply for any of these services?
□ **Yes** □ **No**

Other Information

The information requested in this Section is to gain a better understanding of each applicant and helps to be better able to assist with appropriate employment opportunities upon graduation.

Please note: No answer will be used for or against you in the application process, so please answer truthfully.

Do you have any court cases or legal proceedings pending? □ **Yes** □ **No**
Do you have a parole/probation officer, and if yes please provide his/her name and phone number: _____

Have you ever had a problem with substance abuse? □ **Yes** □ **No**

If you answered "yes" to this question, are you currently in a rehabilitation program? □ **Yes** □ **No**
How long have you been clean/sober? _____
Are you seeing a counselor/therapist? If so, please provide his/her name and phone number: _____

In a few short sentences, please tell us why you are interested in being considered for the Culinary Arts Training Program?

_____
_____
_____
_____
_____
_____

Employment History

Please list your current and past employers, or volunteer experiences. Please start with your most recent job.

1. Employer Name: _____

   Address: _____

   Telephone: _____ Start Date: _____ End Date: _____

   Name of Supervisor: _____

   Job Title: _____ Starting Salary: _____ Ending Salary: _____

   Job Responsibilities: _____

   Reason For Leaving: _____

2. Employer Name: _____

   Address: _____

   Telephone: _____ Start Date: _____ End Date: _____

   Name of Supervisor: _____

   Job Title: _____ Starting Salary: _____ Ending Salary: _____

   Job Responsibilities: _____

   Reason For Leaving: _____

3. Employer Name: _____

   Address: _____

   Telephone: _____ Start Date: _____ End Date: _____

   Name of Supervisor: _____

   Job Title: _____ Starting Salary: _____ Ending Salary: _____

   Job Responsibilities: _____

   Reason For Leaving: _____

Professional/Work References

Please provide the name and phone number of three (3) **professional/work** references. (Social workers, case managers, therapists, counselors, vocational trainers, and parole/probation officer are all acceptable references as well.) Please **DO NOT** include family or friends as references. If you have no professional references, please briefly explain why. Not having appropriate references will not prohibit you from entrance into the program.

Name: _____

Relationship to you: _____

Daytime phone number: _____

Name: _____

Relationship to you: _____

Daytime phone number: _____

Name: _____

Relationship to you: _____

Daytime phone number: _____

I certify that all of the information I have provided is true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will eliminate me from becoming a candidate for Fulfill's Culinary Arts Training Program.

_____ _____

Applicant Signature **Date**