



Salt Lake Head Start Culinary Job Training Program Application

Applicant's Name:

Address:

City State Zip

Phone Number: _____ Alternate Phone Number:

Shirt Size: _____ Pant Size: _____ Primary Language:

Emergency Contact Person:

Phone Number: _____ Alternate Phone Number:

Classes will be held twice a week from 5:30-7:30 p.m. for eight weeks

Days of the week you are available to attend:

- Monday/Wednesday Tuesday/Thursday

Are you permitted to work in the United States?

- Yes No

Have you worked in the food service industry before?

- Yes No

If yes, what experience have you had?

Why are you interested in applying for this program?

Name of person that referred you to this program:

To be completed by the person that is referring the applicant

Write a brief summary of why you feel this person would benefit from the Sauté class: