



## Salt Lake Head Start Culinary Job Training Program Application

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Head Start Parent

Yes  No

Classroom: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 at 2825 South 200 East  
Classes will also be held twice a week from 2:00-4:00 p.m. for eight weeks at 2266 East Evergreen Ave. (3435 S)*

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 job training program: