



Culinary Training Program Application for Admission

Personal Information		
Legal Name Last: _____	First: _____	Middle: _____
Permanent Mailing Address: (Number, Street Name, Apt if applicable, City, State, and Zip Code)		
Home Phone: _____	Cell Phone: _____	Email Address: _____
Date of birth: _____/_____/_____ Month Day Year	Gender: ____ Male ____ Female	

Occupational or Professional Experience: Indicate past work experience			
Position/Activity	Location — include city and state	From Mo/Yr	To Mo/Yr
		/	/
		/	/
		/	/

Emergency Contact Name: _____		Relationship to Student: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Address: (Number, Street Name, Apt if applicable, City, State, and Zip Code)			

Education (Please check all those that apply): <input type="checkbox"/> Graduated (High School) <input type="checkbox"/> Anticipated Date of Graduation from High School (month/year _____) <input type="checkbox"/> Completed GED <input type="checkbox"/> Anticipated Date of completion of GED (month/year _____) <input type="checkbox"/> Received Certificate of Attendance <input type="checkbox"/> Received Special Diploma <input type="checkbox"/> None of the above (did not complete high school or GED) Other Degrees/Certifications Possessed _____

Have you ever been incarcerated or convicted of a felony?

___ YES ___ NO

An answer of Yes does not affect your admission. This is an excellent re-entry program for you!

Please briefly describe why you are interested in working in the hospitality/food service industry.

Admission Criteria

1. Complete Application
2. Minimum age of 18 years old
3. A copy of a valid driver's license, passport, or photo I.D
4. Admissions interviews on site.
5. Desire to work in the food service

Terms and Conditions

Applications must include the following:

1. Completed Application with all Signatures
2. Copy of a valid driver's license, State ID card or other proof of residence.

Enrollment Period: The enrollment period for the program is 8 weeks.

Submit completed application via email to: info@chefceleste.com

If you have any questions, please contact Chef Celeste Gill at (225) 324-5616.

- I agree to comply with the rules and policies and understand that Chef Celeste Culinary Institute shall have the right to dismiss me from the program for attendance issues, for failure to participate or for disruptive behavior.

- I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. I agree that if my records are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes.

Signature of Applicant

Date

FOR OFFICE USE ONLY _____ **Date Received**