

BRACKEN'S KITCHEN CULINARY TRAINING APPLICATION



Thank you for your interest in joining our Culinary Training Program at Bracken's Kitchen. We are so excited to come alongside you on your culinary journey. Through hands-on participation in a working kitchen, you will learn, train, and acquire all of the introductory skills needed to excel in the Culinary Industry. Let's discover your culinary excellence!

Our mission is simple: Through food rescue, culinary training and our community feeding program we are committed to rescuing, repurposing and restoring both food and lives! To join the Culinary Training Program, please fill out this application and get it to us by bringing it to us at Bracken's Kitchen (13941 Nautilus Drive, Garden Grove) or emailing it to us at School@brackenskitchen.com

Point of Contact

For Questions on Application

Charlie Negrete

Charlie@brackenskitchen.com

Patti Casas

School@brackenskitchen.com

To submit your application please bring it in to Bracken's Kitchen or email to:

School@brackenskitchen.com

THE "7" CULINARY ATTITUDES

- *Look to the Interests of Others* – be willing to give support to your fellow teammates and volunteers when needed.
- *Clear up Relationships* – address issues in a professional manner and be willing to compromise in order to create win-win results.
- *Strive to Perform Openly and Honestly* – we are all human, if you make a mistake, admit it, fix it and move on.
- *Give and Receive Feedback* – maintain standards by being able to give and receive feedback of all types.
- *At All Times, Show Respect for Food* – handle food with love and care keeping food quality & safety at the forefront of your mind.
- *Follow Leadership* – pursue the direction that's given. If you disagree, voice your opinion when and where appropriate.
- *Give Back* – make an effort to support your community and participate in opportunities that arise to give back.



DRIVEN TO COMBAT FOOD INSECURITY, ONE TASTY MEAL AT A TIME.



13941 Nautilus Drive, Garden Grove, CA 92843
www.BrackensKitchen.com

GENERAL INFORMATION

Full Legal Name: _____
First Middle Last

Other name(s) if any: _____

Social Security No: _____ - _____ - _____ Driver's License/ID #: _____

If you don't have a valid driver's license or ID, are you eligible to apply for one? Y ___ or N ___

Date of Birth: ____ / ____ / ____ Gender: _____ Marital Status: _____

Current Address: _____

Mailing Address (if different): _____

Phone Number: (____) _____ - _____ Email: _____

Emergency Contact Name: _____ Phone Number: (____) _____ - _____

Are you a United States citizen? Y ___ or N ___

If not, are you legally entitled to work in the United States? Y ___ or N ___

You may be asked to complete/sign a I-9 form to comply with Federal employment guidelines, are you able to do this? Y ___ or N ___

Have you ever served in the armed forces? Y ___ or N ___

Bracken's Kitchen Culinary Training Program may conduct a background check, is there anything in you background that we should be aware of? _____



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REFERRAL

Who referred you to Bracken's Kitchen? Name: _____

Agency Partner: _____ Relationship: _____
 i.e. case manager, friend

Phone Number: (____) ____ - _____ Email: _____

Address: _____

EDUCATIONAL HISTORY

Please list the schools you have attended:

High School	Diploma/GED	Dates
Vocational/Trade School	Certificate	Dates
College	Degree/Major	Dates



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EMPLOYMENT HISTORY

Please list your work experience. Start with last job you held. If you were self-employed please list here as well.

Name of Employer	Supervisor's Name	Employment Dates
Pay or Salary	City, State & Phone Number	Job Title
Reason for leaving		
List jobs held, duties, skills used and learned, & any promotions		
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Give details of any food service experience you have had in the past: _____



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STRENGTHS ASSESSMENT

What do you see as your personal strengths? What skills will you bring to the training program?

What challenges and/or barriers have you experienced in your life recently and how have you dealt with them? _____

How do you deal with stressful situations? What is your strategy to handle a conflict with a coworker/friend/family member, etc.? _____

Who is your support network? _____

GOALS/ EXPECTATIONS

Why are you applying to Bracken's Kitchen Culinary Training Program? Do you have any career goals?

Are you able to stand on your feet for several hours at a time? Y___ or N ___

Can you lift up to 25 lbs? Y___ or N ___



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PROGRAM REQUIREMENTS

Listed below are some of the training program requirements. Please initial after each one to agree.

1. I understand attendance as scheduled is required. _____
2. I understand that I am required to remain drug free. _____
3. I understand that I must be on time and be prepared to stay the entire duration of class that day. _____
4. I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me. _____
5. I understand that I must have a willingness to confront my personal challenges and/or barriers and give my full effort. _____
6. I understand that I will be provided with a locker for my use while I am enrolled in the Culinary Training Program. _____
7. I understand that Bracken's Kitchen is not responsible for damage, loss or theft of my personal belongings on property. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts if cause for dismissal at any time without any previous notice. I hereby give Bracken's Kitchen permission to contact schools, previous employers (unless otherwise indicated), references and hereby release Bracken's Kitchen from any liability as a result of such contract.

I also understand that:

- (1) Bracken's Kitchen CTP has a drug and alcohol policy that allows for random and causal testing before and/or during the program.
- (2) I consent to and am in compliance with such policy at the time of my enrollment.
- (3) My continued enrollment is based on the successful passing of testing under such policy.

Signature of Applicant

Date



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This release of information shall expire one year from the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release Bracken's Kitchen and its' officers, directors, employees and volunteers from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

Signature of Applicant

Date

Signature of Bracken's Kitchen Representative

Date