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| PJCC Logo | ***Penobscot Job Corps Center…***  ***…Careers Begin Here*** |
| Dear Applicant,  We are pleased you are considering attending Penobscot Job Corps Center’s Advanced Baking and Pastry Program. Your instructor or counselor will assist you in completing this application and ensuring your qualifications.  **REQUIRED DOCUMENT CHECKLIST**  **Part I-Enrollment Information**   * Wellness checklist including current disability/IEP if applicable * Center Director’s certification * Applicant information and questionnaire * Copy of birth certificate * Updated resume * Dress code agreement (signed) * Culinary Instructor recommendation * Counselor recommendation * CSO recommendation * Copy of 6-52 Report * Parental consent form (if applicable)   **Part II-Academic/CTT**   * Copy of High school diploma or GED/HSE and relevant academic records * Basic Culinary TARS (*completion within 45 days of the application submission date with guaranteed completion at time of transfer*) * Driver’s License (*recommended*) * 1-Year ServSafe certificate (*current*) * 5-Year Manager’s ServSafe (*preferred*) * TABE Reading 1 EFL gain min score 563 * TABE Math 1 EFL gain min score 577 * Completed WBL hours (*within 30 days of application submission date*)   **Part III- Additional Documentation**   * Copy of all PARs reflecting 100%, marked complete *with Manager approval* must be sent before transfer is approved * Updated Personal Career Development Plan * Copy of case notes * Positive attendance and progress reports * Background check   Our Advanced Training contact will coordinate review of your application. Final decision regarding your acceptance will be communicated to the Transfer Coordinator listed on the Student Information page. Once again, we are glad you have considered us as your next step towards success.  Sincerely,  ***Chef Eric Duplisea***  ***Sam Lees***  Advanced Baking Instructor Advanced Training Coordinator  207-561-8559 207-561-8529 |
| **Penobscot Job Corps Center**  **Advanced Baking & Pastry Program**  **APPLICATION PACKAGE**  1375 Union Street Bangor, Maine 04401  (207) 990-3000  **Return completed applications to Records**. Fax #: 207-990-2581 or via mail to center address above, ATTN: Records. |

**WELLNESS CHECKLIST– SEALED IN A SEPARATE ENVELOPE.**

**STUDENT TRANSFER SUMMARY CHECKLIST**

Complete summary and forward to the receiving center. Each summary section must be completed.

**GENERAL INFORMATION**

Student Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_

Date of Entry: Transferring Center:

Insurance (check all that apply):

Private Insurance:  Yes  No If yes, enter Insurer:

Medicaid:  Yes  No If Yes, enter state:

Other (specify):

Allergies:

Current medication(s) and dosage(s):

Upcoming appointments (e.g., orthodontic, off-center healthcare provider):

**ACCOMMODATIONS**

Check one:

Accommodation Plan is attached  Student does not have an Accommodation Plan

Comments (include any specific additional information that needs to be known in relation to the student’s Accommodation Plan such as the use of specific technologies or other information that proved helpful in implementing.

*Disability Coordinator Signature: Date:*

*Disability Co-Coordinator Signature: Date:*

*Health & Wellness Director Signature: Date:*

**MEDICAL**

Date of last Medical Assessment:

Medical summary (include diagnoses, chronic/acute conditions and treatments):

Activity/Diet/Vocational Restrictions:

*Provider Signature: Date:*

**ORAL HEALTH**

Check all that apply:

Refused elective oral examination  Received oral health treatment

Received elective oral examination  Refused oral health treatment

If student received priority classification, current priority classification:  1  2  3  4

Does the student have orthodontics?  Yes  No

If yes, is an updated orthodontic treatment plan in place? \_\_\_Yes \_\_\_No \_\_\_N/A

Oral health summary (include diagnoses, chronic/acute conditions, and treatments):

Center Dentist Signature: Date:

**TEAP**

Entry Toxicology:  Negative  Positive

If positive, list drug(s):

Suspicion testing dates/results (if applicable):

TEAP summary (include results of initial assessment, interventions, and dates of all contacts

with TEAP Specialist):

*TEAP Specialist Signature: Date:*

**MENTAL HEALTH**

Check one:

Student received mental health services

Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions [or and/or off center], medications, and any other relevant care management contacts with the CMHC):

*CMHC Signature: Date:*

**CENTER DIRECTOR’S CERTIFICATION**

I certify that ­­­­­­­­­­­­­­­­ meets the eligibility criteria for transfer to the Penobscot Job Corps Center.

**CENTER DIRECTOR: DATE:**

***Please attach Letter of Recommendation***

**ADVANCED BAKING & PASTRY APPLICATION**

|  |  |  |
| --- | --- | --- |
| Name | Sex | Date of Birth |
| Permanent Address | | |
| City | State | Zip |
| Date of Job Corps Enrollment | Sending Center | |
| Student Job Corps Email Address: | Student Personal Contact Phone Number: | |
| Alternate Contact Name | Address | |
| City, State Zip | Phone | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Center Contacts** | | | |
| **Person’s Name** | **Phone #** | **Fax#** | **Cell or Alt#** |
| Transfer Coordinator |  |  |  |
| Records Manager |  |  |  |
| Wellness Director |  |  |  |
| Center Director |  |  |  |

Student Signature: Date:

**APPLICATION QUESTIONNAIRE**

**Why did you choose Culinary Arts training?**

**Why are you applying for Advanced Baking & Pastry and what do you expect to gain from this Program?**

**What are your long-term goals?**

**Student Signature: Date:**

**ATTACH THE FOLLOWING:**

**Updated resume & extra sheets if needed**

**ADVANCED BAKING & PASTRY STUDENT DRESS CODE AGREEMENT**

**Hair:** Hair that goes past the collar or over the ear must be confined in a hat.

**Men:** Must be clean shaven daily!

**Nails:** Moderately short and clean. No nail polish. No artificial nails. Nails are not to exceed 1/8” beyond the tip of the finger.

**Jewelry:**

No excessive jewelry, bracelets, large rings, etc. (wedding rings are permitted).

No facial piercing (including tongue rings).

No dangling or clip-on earrings, studs only.

No earrings for males.

Safety is our most important concern.

**Uniform:** Any uniform, which is a badge of a profession, should be worn with dignity and pride.

* **Coat:** Black chef coat. Regular black or cloth buttons. Keep it clean and neat. No wrinkled or dirty clothes will be allowed in class. One should always be in reserve.
* **Hat:** Clean black hat: Never disfigured by sketches or lettering.
* **Trouser:** Checkered cook trousers. Must be kept clean and pressed.
* **Aprons:** Will be provided
* **Shoes:** Black slip resistant shoes are required

If the dress code is not followed, the student will be sent to the clothing closet to purchase the appropriate clothing and will receive a written citation for noncompliance.

**Penobscot Job Corps will provide uniforms to Advanced Baking students. Please list your size next to the clothing items.**

**Chef Coat (black):**

**Chef Pants (black & white checkered):**

**Chef Shoes (black, non-skid & rubber soled):**

**Chef Hats:**

**Student Signature: Date:**

**CULINARY ARTS INSTRUCTOR RECOMMENDATION**

**Applicant Information**:

Last Name: First Name:

Applicant’s TAR Completion Level (% level completed):

Attendance Record: (circle): Excellent Good Marginal

Total Culinary Classroom Instructional Hours (including WBL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe overall performance in trade. Please reference initiative, ability to follow directions, and ability to work as part of a team.

**I recommend the above student for the Advanced Baking & Pastry Program at the Penobscot Job Corps Center.**

Instructor’s Signature: Date:

Instructor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor’s Phone #

**PLEASE ATTACH:**

**Culinary TAR**

**Culinary Instructor Letter of Recommendation**

**CAREER COUNSELOR RECOMMENDATION**

**Applicant Information**:

Last Name: First Name:

Applicant’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s E-Mail Address:

Please share with us a summary of applicant’s most recent three performance appraisals. Include information from CTT and residential living. Please attach additional sheets if necessary.

**I recommend the above student for the Advanced Baking & Pastry Program at the Penobscot Job Corps Center.**

Counselor/Career Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Please Attach the Following:**

**Last three Performance Evaluations**

**CIS Student Profile / ETA 640**

**Copy of High School Diploma or Equivalent**

**Updated Personal Career Development Plan (PCDP) or MyPACE**

**Copy of Case Notes**

**Letter of recommendation from Counselor**

**CSO RECOMMENDATION**

**Applicant Information**:

Last Name: First Name:

**TO BE COMPLETED BY CENTER STANDARDS OFFICER:**

Summary of applicant’s performance history:

|  |  |  |  |
| --- | --- | --- | --- |
| **# of Unexcused Absences** | **Number of U/A’s** | **# of Positive IRs** | **# of Negative IRs** |
|  |  |  |  |

**I recommend the above student for the Advanced Baking & Pastry Program at the Penobscot Job Corps Center.**

Center Standards Officer Signature: Date:

**Please Attach the Following:**

**Behavior Management File/Incident History**

**Daily Status and Attendance History**

**Letter of Recommendation from CSO**

**Current Background Check**

**MINOR CONSENT FORM**

Student Name: DOB:

(Check One)  Resident  Non-Resident

**PARENT/ LEGAL GUARDIAN**

Name: Relationship to Student:

Address:

City/ State: Zip Code:

Phone #:

As parent/ guardian of the above minor student, I give permission for the Student to receive basic medical care services provided by the Health and Wellness at Job Corps. Basic services include off-Center appointments with an eye doctor if needed. I can be reached at the following numbers if needed.

* HOME NUMBER:
* WORK NUMBER:

In an emergency, if you are unable to reach me, I give authorization for the Penobscot Job Corps Center to please call the following person(s) regarding the above Student.

Name: Relationship to Student:

Address:

City/ State: Zip Code:

Home Phone #: Work Phone:

I, , give permission to PJCC to seek emergency medical and or psychiatric care on behalf of my minor child and for the physician/hospital to give necessary treatment if I cannot be contacted.

**Parent/Guardian Signature: Date:**

**IMPORTANT PHONE NUMBERS AND ADDRESSES**

**Other Contact Information:**

**RETURN COMPLETED APPLICATION TO:**

Records Manager

Penobscot Job Corps Center  
1375 Union Street  
Bangor, ME 04401  
207-561-8555  
Fax: 207-990-2581

* **Health & Wellness Director**

207-561-8640

* **Advanced Baking & Pastry Instructor**

Eric Duplisea

207-561-8559

* **Workforce Development Manager**

Sarah MacAlister

207-561-8521