

Treasure Island Job Corps Center

ADVANCED CULINARY PROGRAM



Application Package



Treasure Island Job Corps Center

Advanced Culinary Program Application



Application Instructions

We are pleased you are considering attending Treasure Island Job Corps Center's Advanced Culinary or Advanced Pastry Culinary Program. Your instructor or counselor can assist you in completing this application.

In order to qualify for either advanced program, you must have fulfilled the following pre-requisites:

- ✓ **Must be 17 and 6 months when transferred**
- ✓ **High School Diploma/GED**
- ✓ **Basic Culinary TAR completed**
- ✓ **Driver's License** (waived if circumstances prevent a student's ability to obtain this)
- ✓ **ServSafe Food Protection Manager Certification (current)**
- ✓ **Achieved NRS level 4 or higher on 11/12 M or D tests (536-reading, 537-math)**
- ✓ **At least 13 months of remaining Job Corps eligibility**

The Culinary Arts Recruiter at Treasure Island will coordinate the review and processing of your application. The final decision regarding your acceptance will be communicated to the person listed as the Transfer Coordinator on the Trainee Information page.

Students in advanced trades are still subject to the same Job Corps rules and regulations as basic students. Advanced students have a higher level of expectation placed on them in terms of leadership, mentoring, and general behavior. Anger issues, insubordination and disrespect to staff or other students will not be tolerated in this program. As the full program is lock step, not self-paced, applicants must be mentally prepared to remain with Job Corps for an additional 13 months.

Upon your acceptance into the Advanced Culinary Program, your center must provide you with the items listed below. Treasure Island JCC **DOES NOT** provide uniforms to transferring students!

1. Two (2) Chef Coats – white, long sleeved (full and Baking/Pastry programs)
2. Two (2) Chef Pants – black/white checked (full and Baking/Pastry programs)
3. One (1) White Dress Shirt (full program)
4. One (1) Black Tie (full program)
5. One (1) Pair Black Dress Pants (full program)
6. One (1) Pair Chef Shoes – black, non-skid soles (full and Baking/Pastry programs)
7. One (1) Knife Set (three piece set is sufficient - chef knife, boning, and paring knife)
8. One set of measuring spoons and cups



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SEND APPLICATION TO:

Sharon Doran
Advanced Training Recruiter
Treasure Island Job Corps Center
351 Avenue H, Building 442
San Francisco, CA 94130

Please do not submit the application in a binder or with each page placed in sheet covers. Medical summaries may be submitted with the application or directly to the Medical Department at Treasure Island Job Corps Center.

CONTACTS:

Chef Charles Fitzgerald
Culinary Manager
Office: (415) 277-2425
Fitzgerald.charles@jobcorps.org

Sharon Doran
Advanced Training Recruiter
Office: (415) 277-2419
Doran.sharon@jobcorps.org

Please direct medical questions/issues to Sharon Doran



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Advanced Culinary Program Description

ADVANCED CULINARY PROGRAM (FULL PROGRAM): The Advanced Culinary Program requires students complete all six courses listed below (including Baking and Pastry). Each class lasts eight weeks. The classes are not self paced and a student is expected to keep up with the rest of the class. A student should have at least thirteen (13) months remaining with Job Corps (12 months of class time plus four additional weeks due to winter break). **A student signed up for the full program is not eligible to change to the Baking/Pastry program after arriving at Treasure Island.**

Courses will be taken in the following order:

Course	Certification Course
Food and Beverage Front of the house skills in the Fine Dining restaurant*: serving, bussing, arranging a dining room, proper table setting, and inventory.	Bar and Beverage Management
Garde Manger Primarily buffet foods - salads, sandwiches, soups, canapés/hors d'oeuvres, serving platters, charcuterie, review knife cuts and mother sauces.	Controlling Food Costs
Baking Yeast and non-yeast breads, breakfast pastries, cookies, and pies.	Servsafe Alcohol
Pastry Cakes, fillings, and frostings; soft desserts; warm and cold desserts; chocolate and sugar designs, and confections.	Purchasing
Bistro Regional foods, full plate preparation (entrée and sides), and nutrition.	Hospitality & Restaurant Management
Fine Dining Back of the house for Fine Dining restaurant: Five stations--salad, appetizer, soup, entrée (two stations), and Sous Chef.	Final Project

ADVANCED BAKING/PASTRY PROGRAM: This program will run seven and a half (7 ½) months. PLEASE NOTE YOUR INTEREST ON THE “TRAINEE INFORMATION” SHEET. *B/P students are also expected to pass the Bar and Beverage Management certification exam.*

Baking – 15 weeks Yeast and non-yeast breads, breakfast pastries, cookies, and pies.	Servsafe Alcohol
Pastry – 15 weeks Cakes, fillings, and frostings; soft desserts; warm and cold desserts; chocolate and sugar designs, and confections.	Purchasing

* The Fine Dining restaurant is planned to re-open to the public in March 2024 for lunch service 2-3 days a week.



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Trainee Information

Last Name: _____

First Name: _____ Middle Initial: _____

Email Address: _____ (must be a current address that you access regularly)

Cell Phone: _____

Current Age: _____

Sending Center: _____

Check the program you want to take:

Full Program _____
(includes baking and pastry)

Baking/Pastry _____

Transfer Coordinator (Name/Title):

Email: _____

Phone Number: _____

Who will be responsible for ordering and sending student's equipment and uniforms:

_____ Phone: _____

ADDITIONAL CONTACTS (please print):

Center Director: _____ Phone: _____

Wellness Manager: _____ Phone: _____

Records Manager: _____ Phone: _____

Chef Instructor: _____ Phone: _____



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Commitment Essay/Resume

Commitment Essay

Please write a short essay and attach it to this page (minimum three paragraphs) explaining why you chose Culinary Arts training, why you are applying for advanced training at Treasure Island, and what you expect to gain from this program? We would also be interested in any additional comments you wish to add about yourself such as your plans after you graduate, strengths and weaknesses, or special qualities that will make you stand out in this program. We expect you to give a lot of thought to this section.

PLEASE ATTACH THE FOLLOWING:

Essay
Resume



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Culinary Instructor Recommendation

Student Name: _____

Applicant's TAR Completion Level: _____

Attendance Record (circle): **Excellent** **Good** **Marginal**

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

I recommend the above student for Advanced Culinary Arts Training at Treasure Island Job Corps Center.

Instructor

Date

PLEASE ATTACH THE FOLLOWING:

Basic Culinary TAR's (copy – first page is adequate)

ServSafe Food Protection Manager Certification



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Counselor/Career Manager Recommendation

Student Name: _____

Please provide a summary of the applicant's ability to relate to peers; work under pressure; and live in a fast paced, diverse, urban environment. Please include the student's last three evaluations from CIS.

I recommend the above student for Advanced Culinary Arts Training at Treasure Island Job Corps Center.

Counselor

Date

PLEASE ATTACH THE FOLLOWING:

Last three performance evaluations – CIS ESP's
Copy of social security card
Copy of high school diploma or GED
Copy of driver's license (if obtained)
Student Profile Report - ETA 640



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Center Standards Office Recommendation

Student Name: _____

TO BE COMPLETED BY CENTER STANDARDS OFFICER

Summary of applicant's performance history:

List major discipline incidents with dates throughout Job Corps enrollment:

Number of unexcused absences for length of enrollment:

I recommend the above student for Advanced Culinary Arts Training at Treasure Island Job Corps Center.

Center Standards Officer

Date

PLEASE ATTACH THE FOLLOWING:

Student Conduct Profile

Case Notes-List detail from date of enrollment



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Minor Consent Form – Health Services

Trainee Name: _____ DOB: _____

Trainee ID#: _____

PARENT/LEGAL GUARDIAN

Name: _____ Relationship to Trainee: _____

Address: _____ City, State, Zip: _____

Phone#: _____

As parent/guardian of the above **minor** trainee, I **give** permission for the trainee to receive basic medical care services provided by the health and wellness center 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:

1. Home: _____

2. Work: _____

3. Message: _____

In an emergency, if we are unable to reach the above person, I give authorization for TIJCC to please call the following person(s) regarding the above trainee:

Name: _____ Relationship to Trainee: _____

Address: _____ City, State, Zip: _____

Home Phone #: _____ Work Phone #: _____

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

Parent/Guardian

Date

Witness

Date



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Minor Consent Form – Off Center Activities

Trainee Name: _____ DOB: _____

Trainee ID#: _____

PARENT/LEGAL GUARDIAN

Name: _____ Relationship to Trainee: _____

Address: _____ City, State, Zip: _____

Phone#: _____

Trainees enrolled in Job Corps earn passes to leave the center based on satisfactory attendance and performance. Trainees must declare their destination on any overnight pass. Destinations may include home of the trainee, another trainee's residence, or other areas in the local community. While on pass, the trainee is **not** under supervision. Center staff and the center are **not responsible** for transportation, lodging, or food.

Job Corps' policy requires that written permission be obtained from the parent or guardian before passes can be granted to a trainee under the age of 18. We must have this document on file before passes will be granted. Please check the appropriate conditions listed below under which you grant permission for a pass to be issued:

I GIVE PERMISSION FOR THE FOLLOWING PASSES:

() Permission denied to take any passes unless otherwise notified.

OR

() Permission only to take passes to return home.

() Permission to take center based recreational trips.

() Permission to take overnight passes on weekends and holidays.

Other conditions: _____

NOTE: Trainees must observe the zero tolerance for violence and drug policy while on pass. After trainee reaches the age of 18, this form no longer applies.

Parent/Guardian signature

Date



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Dress/Safety Code Agreement

Hair	Hair must be confined in a hair net or chef hat at all times in the kitchens.
Nails	Nails should be <u>short</u> and <u>clean</u> . Nails are not to exceed 1/8" beyond the tip of the finger. No nail polish or artificial nails.
Hygiene	Hands should be washed and before starting any work with food, food equipment, or eating utensils. Always wash hands again when returning to a food area from other areas (public area, restroom, etc.).
Jewelry	NO PIERCINGS OF ANY KIND (facial, nose, or tongue) and NO EARRINGS allowed during class. Simple wedding rings are allowed but no other jewelry (bracelets, large rings, etc.) <u>These are safety hazards!</u>
Men	Must be clean shaven DAILY. Mustaches are allowed but <u>no other facial hair</u> (beards, goatees, soul patches, stubble, and mutton chops).
Uniform	The uniform is a badge of a profession and student agrees to wear the culinary uniform with dignity, pride, and appropriately maintained.
Coat/shirt	White chef coat required. Additionally, a white dress shirt is required if enrolled in the full program . All must be kept clean and neat – wrinkled/dirty clothes will not be allowed in class.
Trousers	Standard black and white checked chef trousers. Additionally, black slacks are required for the service uniform if enrolled in the full program . All must be kept clean. Pants should be worn properly with NO SAGGING.
Shoes	Standard black chef shoes with oil resistant non-skid sole.
Hat	Clean, WHITE and never disfigured by sketches or lettering-- black or colored hats are not allowed . Chef hats are provided when a Full Program students begins Garde Manger and when Baking/Pastry Program students begins baking.
Aprons	Aprons are provided in class and should be used economically but changed as often as cleanliness requires.
Safety	Follow all Covid safety protocols when required —wear a mask properly at all times while inside the culinary building and practice social distancing (6 ft. minimum).

Trainee Signature

Print Name



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Statement of Completion and Commitment

I acknowledge that upon my acceptance into Treasure Island Job Corps Center's Advanced Culinary Program, I will commit to the thirteen (**13**) months required to complete the Advanced Culinary Program. If I am separated from the program for any reason before completing all the required courses, I will not receive a certificate of completion. _____ (initials)

I understand that my decision to accept the invitation to Advanced Culinary Training is voluntary, and I will adhere to all the policies and procedures administered by the Treasure Island Job Corps Center. _____
(initials)

I understand that I will not be allowed to sign up for leisure time employment during my first two months in the culinary program. _____ (initials)

Trainee Applicant Signature

Minor Parent's Signature



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Document Checklist/Center Director Sign-off

Please insure that all requested documents are submitted. Any missing or incomplete documents may delay the review process.

- ☐ Trainee Information Sheet
- ☐ Applicant Commitment Essay
- ☐ Updated Resume
- ☐ Culinary Instructor Recommendation
- ☐ Basic Culinary TAR
- ☐ Copy of ServSafe Food Protection Manager Certificate (no substitutions)
- ☐ Counselor Recommendation
- ☐ Last 3 ESPs (CIS printouts)
- ☐ Copy of Social Security Card
- ☐ Copy of Driver's License (waived if circumstances prevent a student's ability to obtain this)
- ☐ Copy of High School Diploma or GED
- ☐ CIS Student Profile/ETA 640
- ☐ Center Standards Recommendation
- ☐ Student Conduct Profile
- ☐ Case Notes-full length enrollment (Please use the print "List Detail" option)
- ☐ Minor Consent Forms--if applicable (1) Health Services (2) Off Center Activities
- ☐ Signed Dress Code Agreement
- ☐ Statement of Completion and Commitment
- ☐ Director Sign-off (Document Checklist page)
- ☐ Medical Checklist Summary (please include in a separate sealed envelope)

I certify that _____ meets the eligibility criteria for transfer to Treasure Island Job Corps Center. I recognize this trainee may be returned to the center for additional training if she/he is unable to meet the basic competencies within the first 30 days. Student will need to reapply for admission.

Center Director

Date



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STUDENT TRANSFER SUMMARY CHECKLIST

Complete summary and forward to the receiving center **at least 2 weeks prior** to student arrival (refer to PRH-6: 6.4, R2(c)). Each summary section must be completed.

GENERAL INFORMATION

Student Name: _____ DOB: _____ ID#: _____

Date of Entry: _____ Transferring Center: _____

Date of Transfer: _____ Receiving 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 was helpful in implementing the plan): _____

Disability Coordinator Signature: _____

Date: _____

Disability Co-Coordinator Signature: _____

Date: _____

HWM Signature: _____

Date: _____



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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:

- | | |
|---|---|
| <input type="checkbox"/> Refused elective oral examination | <input type="checkbox"/> Received oral health treatment |
| <input type="checkbox"/> Received elective oral examination | <input type="checkbox"/> 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 treatment): _____

Center Dentist Signature: _____ Date: _____

TEAP

Entry Toxicology: ☐ Negative ☐ Positive If positive, list drug(s): _____

Suspicion testing dates/results (if applicable): _____



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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 [on and/or off center], medications, and any other relevant care management contacts with the CMHC): _____

CMHC Signature: _____

Date: _____