***ADVANCED TRAINING APPLICATION***

*Thank you for your interest in transferring a student into our Advanced Pastry Program at the Earle C. Clements Job Corps Academy.*

*Candidates for Job Corps’ Advanced Training (AT) Programs must meet the prerequisites and be prepared to accept the challenge, rigors, and responsibilities.*

Program inquiries should be submitted directly to Jennifer Kizer (Advanced Training Coordinator/CTT Administrator) kizer. jennifer@jobcorps.org or call at 270-389-5312

**Admission Criteria**

**Student must meet the standards outlined below:**

1. High School Diploma/High School Equivalency (HSD/HSE), and completed basic Culinary Arts prior to acceptance into the AT program.
2. Age Enrollment Requirement: 17 ½ years
3. Must be a U.S. citizen or have:

* I-94
* I-688B or I-766
* Permanent or Resident Alien Card (I-551)

1. Paid Duty off Center (PDOF) AT Site Visit/Video/Phone Interview: Prior to final acceptance to the AT program, the student must either participate in a video conference with the receiving Center or visit the receiving Center for a tour.
2. Have a positive behavior record with no major incidents.
3. Have a positive attendance and progress record (**No more than 3 UA days in a 6-month period**).
4. TABE Score preferred:

Reading – EFL – 5 (scale score 576-616), Math – EFL – 5 (596-656).

1. Five written recommendations are required: Center Director, CTT Manager and the CTT Instructor must be included.
2. Health clearance from Click or tap here to enter text. Job Corps Wellness Center
3. Have original Birth Certificate (Copy sufficient for application process)
4. Have original Social Security card – (Copy sufficient for application process)
5. Obtained ServSafe Manager
6. Valid Driver’s License is required or the ability to obtain while enrolled
7. Completion of the basic culinary program to include ALL optional TAR line items

**Training Day Schedule:**

* Follows assigned schedule

**REQUIRED DOCUMENT CHECKLIST**

**Listed below are the required documents needed to process an AT Pastry transfer student. Please ensure that all requested documents are submitted. This will expedite the application process.**

1. Required Document Checklist

2. Applicant Information Sheet

3. Copy of current Student Profile 640

4. Signed Student Agreement of Understanding

5. Center Director Recommendation

6. CTT Manager Recommendation

7. CTT Instructor Recommendation

8. Counselor Recommendation

9. ESO/CSO/SPO Recommendation

10. E-TAR (Photocopies)

11. Copy of Social Security Card

12. Copy of HSD or GED and relevant academic records

13. Updated MyPACE Career Plan (If applicable)

14. Copy of current Student Conduct Profile

15. Copy of all Student Case Notes (Detailed list)

16. Signed Dress Code Agreement

17. Clothing Allotment Record

18. Separation Advance Report (For student pay purposes)

19. Copy of Driver’s License

20. Copy of any CTT related certificates

21. Please provide name, phone, and fax# for Records Department

(This will facilitate communication at time of transfer)

**☐ Sending and Receiving center will schedule a PDOF AT site visit or a**

**Video/Phone interview with the applicant.**

**☐ Applicant will be notified of acceptance or denial into the AT program.**

I certify that Click or tap here to enter text. meets the eligibility criteria for transfer to the

Click or tap here to enter text. Job Corps Center.

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Career Technical Training Instructor** | **DATE** |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Career Technical Training Manager** | **DATE** |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Career Transition Readiness Manager** | **DATE** |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Center Director or Designee** | **DATE** |

**Applicant Information Sheet**

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Middle Initial: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Student ID#: Click or tap here to enter text.

Date of Entry to Job Corps: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, ZIP Code: Click or tap here to enter text.

Gender: Choose an item.

U.S. Citizen: Choose an item.

Sending Center: Click or tap here to enter text.

Transfer Coordinator (Name/Title): Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

**STUDENT AGREEMENT OF UNDERSTANDING**

I, Click or tap here to enter text., understand that while I am student enrolled at the Click or tap here to enter text. Job Corps Center’s Advanced Training program (Advanced Pastry) the following expectations will be required for me to graduate:

Daily attendance and punctuality are expected and required.

Students will dress in adherence to the Center dress code while on Center.

Adherence to Job Corps Zero Tolerance Policy

Adherence to all training program and center behavioral expectations

Participation in assigned work-based learning activities

Click or tap here to enter text.

**Print Name**



**Sign Name**

**CTT Instructor Recommendation**

Applicant Information:

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Student ID #: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Sending Center: Click or tap here to enter text.

Applicant’s CTT program: Click or tap here to enter text.

CTT Start Date: Click or tap to enter a date.

Applicant’s TAR Completion Level: Click or tap here to enter text.

Applicant’s Credential achievement (Primary & Secondary):

Click or tap here to enter text.

Attendance Record: Choose an item.

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

Please attach additional sheet(s) if necessary.

Click or tap here to enter text.

**I recommend the above student for the Advanced Pastry Training Program at the**

Click or tap here to enter text. **Job Corps Center.**



**Instructor’s Signature**

Click or tap to enter a date.

**Date**

**Note: Please Attach E-TAR – Cover sheet showing 100% completion of trade**

**CTT Manager’s Recommendation**

Applicant’s TAR Completion Level: Click or tap here to enter text.

Attendance Record: Choose an item.

Describe overall performance in trade. Please reference initiative, punctuality, basic CTT knowledge, ability to accept supervision, and ability to work as part of a team.

Please attach additional sheet(s) if necessary.

Click or tap here to enter text.

**I recommend the above student for the Advanced Pastry Training Program at the**

Click or tap here to enter text. **Job Corps Center.**



**CTT Manager’s Signature**

Click or tap to enter a date.

**Date**

**Counselor /Career Manager Recommendation**

Applicant Information:

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Student SID#: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Sending Center: Click or tap here to enter text.

Applicant’s Permanent Address: Click or tap here to enter text.

Please share with us a summary of applicant’s most recent three performance appraisals.

Include information from CTT, Academics and Residential living. Please attach additional sheet(s) if necessary.

Click or tap here to enter text.

I certify that the documents attached are current and correct and that the applicant received all clothing allotment due. The official Job Corps file will arrive within 24 hours of the trainee; transfer will occur in CIS prior to the arrival.



**Counselor/Career Manager Signature**

Click or tap to enter a date.

**Date**

**ESO/CSO/SPO RECOMMENDATION**

Applicant Information:

Last Name: Click or tap here to enter text.

First Name:Click or tap here to enter text.

Student ID#: Click or tap here to enter text.

Sending Center: Click or tap here to enter text.

**TO BE COMPLETED BY ESO/SPO/CSO Manager:**

Summary of applicant’s performance history:

Click or tap here to enter text.

Please attach Student Conduct /Incident History Report

Number of unexcused absences and UA days: Click or tap here to enter text.

**I recommend the above student for the Advanced Pastry Training Program at the**

Click or tap here to enter text. **Job Corps Center.**



**ESO/SPO/CSO Signature**

Click or tap to enter a date.

**DATE**

**Center Director Recommendation**

Applicant Information:

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Student ID#: Click or tap here to enter text.

Sending Center: Click or tap here to enter text.

Applicant’s TAR Completion Level: Click or tap here to enter text.

Describe the student’s overall performance on center and any Leadership/SGA positions held.

Click or tap here to enter text.

**I recommend the above student for the Advanced Pastry Training Program at the** Click or tap here to enter text. **Job Corps Center.**



**Center Director’s Signature**

Click or tap to enter a date.

**Date**

**Dress Code Agreement**

**During the Training Day**

* + Must be in correct uniform while in class
  + Must come to class prepared for luncheons/events
  + Wear only center issued uniforms
  + Belt must be worn
  + No long sleeves showing or hoodies under the uniform
  + Shoes must be non-skid
  + Chef jackets must be off when in the classroom

**General Student Dress Standard**

* + Pants must always be appropriate in size and worn at the waist
  + Clothing depicting violent or nude scenes, and clothing bearing profanity, references to drugs and alcohol, or otherwise provocative or inappropriate slogans, bearing graffiti or markings, will not be permitted at any time
  + No hats are to be worn in buildings
  + No do-rags off dorm
  + All hats will be worn with the bill facing front
  + Shoes will be laced, tied, clean and free of graffiti or markings



Student Signature

Click or tap to enter a date.

Date

Printed Name: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

DOB: Click or tap to enter a date.

**Alternate Contact Form**

Date: Click or tap to enter a date.

Applicant Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

ZIP code: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Primary Contact Name, Address and Phone: Click or tap here to enter text.

Alternate Contact Name, Address and Phone: Click or tap here to enter text.

**Please provide name, phone, and fax# of Records Department Contact**

**(This will facilitate communication at time of transfer)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following Medical documentation needs to be sent with the application in a sealed confidential envelope for review by the receiving Center’s Wellness Department.**

**Medical Documents Enclosed:** **MUST BE RECEIVED IN A SEPARATE & SEALED ENVELOPE**

Physical Examination (include current pregnancy test for female transfers)

Recommendation from Center Physician & Nurse Reports

(For any case management, please forward any chronic care management plan)

Mental Health Service Report/Examination

Lab Test Results

Immunization Records

Copy on current insurance coverage (if applicable)

Dental Exam & Related Information (must be within the past 6 months)

Current Tuberculin Skin Test (TB).

If you have had a past positive test, you will need to prove documentation of a negative chest x-ray dated within the past year.

Measles/Mumps/Rubella (MMR). Will need to provide one of the following:

* two vaccine dates
* A positive titre for measles, positive titre for mumps and a positive titre for rubella.

Tetanus/Diphtheria (Td). Within the last 10 years.

Chickenpox. You will need to provide one of the following:

* documented diagnosed case of the chicken pox on file
* two vaccine dates
* a positive titre

Hepatitis B (Hep B). You will need to prove one of the following:

* vaccination dates
* positive titre
* A signed decline form.

All Drug Screening Results