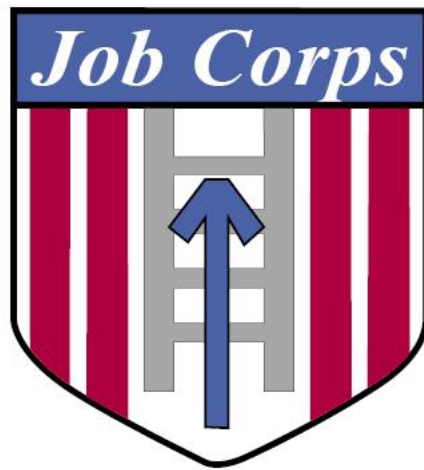


Exeter Job Corps Academy

ADVANCED CULINARY PROGRAM



Application Package

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Application Instructions

Dear Applicant:

We are pleased you are considering attending Exeter Job Corps Academy's Advanced Culinarian Program. Your instructor or counselor will assist you in completing this application.

In order to qualify for our Advanced Program you must have fulfilled the following pre-requisites:

- ✓ High School Diploma/GED
- ✓ Basic Culinary TARS (completion within 45 days of the date of your application submission)
- ✓ Driver's License
- ✓ SERVSafe Managers certificate (current)
- ✓ TABE Scores: Math – 600, Reading – 600
- ✓ At least 12 months of remaining Job Corps eligibility
- ✓ Completed WBL Hours

The Advanced Training Contact at EJCA will coordinate the reviewing 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 (see page 4).

Upon your acceptance into the Advanced Culinary Program, you should come prepared with the following items issued by your current center:

1. One (1) Button-down Oxford Shirt – white
2. One (1) Pair Dress Pants – black
3. One (1) Pair Chef Shoes – black, non-skid, and rubber soled
4. One (1) Knife Set (minimum – 12” Serrated, boning and 12” French knives)

Once again, we are glad you have considered us as your next step towards success..0

Sincerely,

Chef Mark Bennison

Culinary Instructor

(401) 268-6020

Bennison.Mark@jobcorpsorg

Karl Ravilus

E&T Supervisor

(401) 268-6029

Ravilus.Karl@jobcorps.org

Ashley Durand

Programs Manager/ AT Contact

(401) 268-6013

Durand.Ashley@jobcorps.org

Trainee Information

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

City, State, Zip Code: _____

Date of Entry to Job Corps: _____

Current Age: _____ Student ID #: _____

Sending Center: _____

Transfer Coordinator (Name/Title):

Email: _____

Phone Number: _____

Fax Number: _____

Commitment Statement

To be completed by the applicant with an updated resume attached.

Full Name: _____

Sending Center: _____

Commitment Essay

Please write a short essay and attach it to this page (minimum three paragraphs) explaining why you chose EJCA's Culinary Arts training, why you are applying for advanced training at Exeter, 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.

STAPLE ESSAY AND RESUME TO THIS PAGE

Culinary Arts Instructor Recommendation

Applicant Information:

Last Name: _____ First Name: _____

Sending Center: _____

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. Please attach additional sheets if necessary.

I recommend the above student for Advanced Culinary Arts Training at Exeter Job Corps Academy.

Instructor

Date

PLEASE ATTACH THE FOLLOWING:
Basic Culinary TARs
Copy of SERVSafe Certificate

Counselor/Career Manager Recommendation

Applicant Information:

Last Name: _____ First Name: _____

Sending Center: _____

Please provide a summary of the applicant's most recent three performance appraisals. Also include information from vocations and residential living, and comments pertaining to the applicant's ability to relate to peers and live in a rural environment. Please attach additional sheets if necessary.

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

Counselor

Date

PLEASE ATTACH THE FOLLOWING:

Last three performance evaluations
Copy of Social Security Card
Copy of High School diploma or GED
Copy of Driver's License
CIS Student Profile/ETA 640
CIS Student Application 652
Updated PAR
WBL Hours (required before acceptance)
Proof of Water Safety course completion

Center Standards Office Recommendation

Applicant Information:

Last Name: _____ First Name: _____

Sending Center: _____

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 Exeter Job Corps Academy.

Center Standards Officer

Date

PLEASE ATTACH THE FOLLOWING:

Student Conduct File

Case Notes-List Detail from date of enrollment

Student Status History (for length of enrollment)

Dress Code Agreement

Culinary Arts Cooking Lab Trainee Dress Code

Hair	Male hair must be clean, natural colors, well-groomed and not extend beyond the shirt/uniform collar – [no braids, poufs, pony tails or afros are permitted - males] hair must be clean, natural colors and well-groomed at all times [females].
Nails	Nails should be 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 earrings of any kind. Safety is our most important concern.
Hygiene	Hands should be washed 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.).
Men	Must be clean shaven daily.
Uniform	Any uniform, which is a badge of a profession, should be worn with dignity and pride and must be consistently clean when starting the work day.
Coat	Black chef coat required. Must be kept clean and neat. No wrinkled or dirty clothes will be allowed in class. <i>Note: One should always be in reserve.</i> Under shirts, if worn, must be white.
Hat	Clean and neat. Never disfigured by sketches or lettering (will be issued by instructor).
Trousers	Standard black and checkered cook’s trousers. Must be kept clean. No pegged or baggy trousers will be allowed.
Aprons	Should be used economically but changed as often as cleanliness requires.
Shoes	Standard heavy-duty black work shoes with oil resistant non-skid sole.
Side Towels	Should be used at all times. Remember: SAFETY FIRST (towels provided by Culinary Department).

If the dress code is not followed student will follow progressive discipline steps and potentially a minor infraction.

Trainee Signature

Print Name

Minor Consent Form – Off Center Activities (only to be completed if student is a minor)

Trainee Name: _____ DOB: _____

Trainee ID#: _____ Resident: _____ Non-Resident: _____

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. These passes are either for recreation trips, day passes, or overnight passes (overnight passes are usually for weekends). 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.
- () Permission only to take passes to return home.
- () Permission to take center based recreational trips.
- () Permission to take overnight passes on weekends and holidays.
- () Permission to leave center for brief periods of time during evening hours and on weekend days prior to center's established curfew hour.

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

Commitment of Completion

I, _____, acknowledge that upon my acceptance into Exeter Job Corps Academy's Advanced Culinary Program, I commit to one year (12 months) and to completing the Advanced Culinary Program. I understand that this is an advanced Job Corps program, and as a Job Corps trainee, I am only entitled to one advanced program (including college). 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 Exeter Job Corps Academy.

Trainee Applicant Signature

Minor Parent's Signature

Center Director Signature

Document Checklist/Center Director Sign-off

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

- ☐ Trainee Information Sheet
- ☐ Applicant Commitment Essay
- ☐ Updated Resume
- ☐ Culinary Instructor Recommendation
- ☐ Basic Culinary TAR's
- ☐ Copy of SERVSafe Managers Certificate (no substitutions)
- ☐ Counselor Recommendation
- ☐ Last 3 Performance Evaluations (CIS printouts)
- ☐ Copy of Social Security Card
- ☐ Copy of Driver's License
- ☐ Copy of High School Diploma or GED
- ☐ CIS Student Profile/ETA 640
- ☐ Updated PAR
- ☐ Center Standards Recommendation
- ☐ Case Notes-full length enrollment (Print "List Detail", no individually printed notes)
- ☐ Student Conduct Profile-full length of enrollment
- ☐ Signed Dress Code Agreement
- ☐ Student Transfer Summary Checklist (Updated) Attached Separately for Wellness
- ☐ Minor Consent Forms Off Center Activities (for minor students only)
- ☐ Copy of completed WBL hours (completion **required** before acceptance in program)
- ☐ Student Clothing Allotment Report
- ☐ Statement of Earnings and Leave
- ☐ Commitment of Completion
- ☐ Director Sign-off (Document Checklist)

I certify that _____ meets the eligibility criteria for transfer to Exeter Job Corps Academy. 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

SEND APPLICATION TO:

Ashley Durand
Exeter Programs Manager
(401) 268-6013
Exeter Job Corps Academy
162 Main Street
Exeter, RI 02822
Durand.Ashley@jobcorps.org

STUDENT TRANSFER SUMMARY CHECKLIST

Complete summary and forward to the receiving center at least 2 weeks prior to student arrival (refer to PRH-6: 6.2, 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: _____

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

Check one: ☐ Student received TEAP services ☐ Student did not receive TEAP services

TEAP summary (include results of initial assessment, interventions services and clinical recommendations as well as any other relevant information): _____

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: _____

If you have any questions, please contact:

HWM Printed Name

Phone Number

HWM Signature

Date