



Application for Enrollment

Personal Information

| | |
|-------------------|-------------------------------------|
| First Name: | Last Name: |
| Street Address: | Apt. #: |
| City, State, Zip: | Country: |
| Home Phone: | Mobile Phone: |
| Email Address: | Date of Birth (month, date & year): |

Gender: Male Female

Have you ever been disciplined by an academic institution? If yes, please include a letter describing both the conduct and the disciplinary action taken. Yes No

Have you been convicted of any crime (besides traffic violations) or sentenced to a corrective institution? Yes No

Emergency Contact

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Phone: | Email: |

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Phone: | Email: |

References

Please list one personal reference (friend or family member) and one professional reference (teacher or supervisor):

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Phone: | Email: |

| | |
|------------|---------------|
| Full Name: | Relationship: |
| Phone: | Email: |

Citizenship Status

U.S. Citizen or U.S. Permanent Resident (Alien ID number): _____

Country of Citizenship: _____

Country of Residence: _____

Visa Type (if in the U.S.): _____



English Proficiency

All applicants must demonstrate their proficiency in the English language at a level adequate for success at CulinaryLab. Non-native English speakers are required to submit a TOEFL score.

Is English your first language? Yes No
If not, have you taken the TOEFL? Yes No (If yes, please provide official record scores)

I understand that the courses at CulinaryLab are taught entirely in English and I will be required to understand all material, both verbal and written, in English (please initial here): _____

High School Education

CulinaryLab requires all admitted students to have a high school or college diploma or equivalent prior to the start date of his/her courses. Official transcripts are not required as part of the application process, but will be required for enrollment.

Please indicate the level of education completed, listing graduation dates where appropriate:

High School Diploma

Grad Year: _____ School: _____ City, State: _____

GED or other High School Equivalency Degree (Specify Type): _____

* You will be required to submit copies (not originals) of your high school transcript or GED upon enrollment.

Post Secondary Education

Please indicate the level of post-secondary education completed including graduation dates & locations:

Associate Degree

Grad Year: _____ School: _____ City, State: _____

Bachelor's Degree

Grad Year: _____ School: _____ City, State: _____

Graduate Degree

Grad Year: _____ School: _____ City, State: _____

Some College

Vocational/Technical School Certificate: _____



Work Experience

Please list the three most recent positions you have held:

| Employer & Address | Date Begun | Date Ended | Title & Reason for Leaving | Employer Phone # and Supervisor |
|--------------------|------------|------------|----------------------------|---------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Okay to contact employers to verify your experience? Yes No

Physical Requirements

Students must perform the essential job requirements of a cook, as well as those of a student, while enrolled in our course(s). A student must be able to perform the requirements with or without accommodation. Examples include:

- Lift and carry up to 50 lbs.
- Work on your feet for 8 hours with minimal breaks.
- Work continuously with your hands for up to 4 hours at a time.

*If you are a person with a disability and require accommodation, please inform us at time of application submittal.

General Health (circle one): Excellent Fair Poor

Health & Dietary Restrictions

A critical success factor at CulinaryLab is regularly tasting and evaluating food as part of the coursework. If you are not able to participate in this portion of the coursework, you may not be able to fulfill the course requirements.

Do you have any health conditions or dietary restrictions that would affect your ability to taste food as part of the program? Yes No

If you answered yes, please explain:



Disclaimer & Signature

It is the applicant's responsibility to respond truthfully and accurately to all questions on the application. Any applicant who furnishes either false or misleading information on the application can be disqualified as an applicant for admission. If CulinaryLab accepts the applicant and subsequently discovers that false or misleading information was furnished on the application, CulinaryLab may terminate the student's privilege to continue his or her education at CulinaryLab without reimbursement.

I certify that all information on and enclosed with this application is true. I understand that it is my responsibility to forward necessary application materials to complete my file for review and will inform CulinaryLab, Inc., in writing, of any changes regarding my application. I understand that this application and all supporting materials become the property of CulinaryLab once submitted, and will not be returned.

Signature of Applicant: _____ Date: _____

Signature (if not applicant): _____ Date: _____

Name (please print): _____