

To ensure the school provides training as outlined in the Mission, Vision and Value statement, we ask that you please provide the following information.

Where are you currently staying? _____

Are you involved in any type of drug or alcohol rehabilitation program? _____

Have you ever been arrested? YES NO

If YES,	Charges	Date

Name and phone number of Social Worker, Case Manager, or Parole Officer _____

Are you currently under a doctor's care? ____ Are you currently taking any prescription or other type of medicine? ____

If YES, please list _____

Do you experience any side effects such as drowsiness, etc.? _____

Do you have any barriers to standing or lifting up to 50lbs. In a kitchen environment? _____

What is your goal upon graduation from CCSC? _____

I understand this application is part of the admission process for the school and does not guarantee my acceptance in the program. I have answered all questions truthfully. I understand that false information or omission of information may result in dismissal from the program, regardless of when it is discovered.

Signature _____ Date _____

FOR OFFICE USE ONLY		
Interview by _____	Date _____	
Evaluation Dates _____	Completed	yes no
Accepted for class # _____	Date _____	

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