



**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**



3111 Electric Avenue  
Port Huron, MI 48060  
(810) 985-8900

**APPLICANT INFORMATION**

Name:

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Last

First

Middle Initial

Address:

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Street address

Apt No:

City, State

Zip Code

Home Phone:

Cell Phone:

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(Area Code) Number

(Area Code) Number

Emergency Contact:

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Name

Relationship

Phone number

MRS Case manager:

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Name

Phone number

Case Manager: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Who referred you? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

What is the last grade that you completed? \_\_\_\_\_

Have you received any other type of culinary training?     Yes     No

Please describe: \_\_\_\_\_

The physical requirements of training and doing work include the following:

- Standing up to 8 hours continuously with a half hour break.
- Lifting up to 40 pounds regularly.
- Lifting up to 70 pounds occasionally.
- Environmental conditions: working in a hot kitchen, exposure to possible burns, exposure to allergens.

Are you able to perform these essential functions with or without accommodation? \_\_\_\_\_

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If you are aware of needed accommodation, please describe: \_\_\_\_\_

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**WORK HISTORY**

Complete this form to tell us about places you have previously worked and types of jobs or volunteer experiences you have held.

1. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
\_\_\_\_\_

2. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
\_\_\_\_\_

4. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
\_\_\_\_\_

**INTEREST SURVEY**

Why do you want to be accepted to the Galley/Sail In Training Program? Check all that apply:

- To earn money
- I would like a job in foodservice
- I need a job
- I have some experience in foodservice and would like more experience
- I would like to be a chef one day
- I would like to learn to cook
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CULINARY ARTS COURSES**

Course	Clock Hours	Cost
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***Session I: Pre-Requisites***

<input type="checkbox"/> CUL 100: Introduction to the Professional Kitchen	30	\$ 348.00
<input type="checkbox"/> CUL 200: The Fundamentals of Sanitation ServSafe®	30	\$ 348.00

***Session II: Culinary***

<input type="checkbox"/> CUL 300: Protein Fabrication	40	\$ 464.00
<input type="checkbox"/> CUL 400: Production Kitchen Skills	30	\$ 348.00
<input type="checkbox"/> Cul 600: Vegetable Preparation	30	\$ 348.00
<input type="checkbox"/> Cul 700: Sauces, Soups, and Dressing	50	\$ 580.00
<input type="checkbox"/> CUL 900: Plate Designing and Finishing Touches	30	\$ 348.00

***Session III: Hospitality***

<input type="checkbox"/> CUL 800: Supervision in the Kitchen	30	\$ 348.00
<input type="checkbox"/> Job Skills	32	\$ 371.12
<input type="checkbox"/> Dining Room	92	\$ 1067.20

***Session IV: Any Time When Offered***

<input type="checkbox"/> CUL 500: Culinary Nutrition & Cooking Matters	30	\$ 371.12
<input type="checkbox"/> Culinary Math	32	\$ 371.12
<input type="checkbox"/> Culinary Journaling	32	\$ 371.12

**VERIFICATION OF VALIDITY**

*Please check one of the statements below:*

- This application was read to me and completed by a staff member.
- This application was completed by me.

I certify that the information I have entered into this application form is true to the best of my knowledge.

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Applicant Signature	Date
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Instructor Signature	Date
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*All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days. Once the three business days have elapsed no refunds will be given.*