

MacMenamin's Grill & ChefWorks

Culinary Certificate Enrollment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell Phone: () Email Address: _____
Social Security # _____ Payment: **\$5,000**

Start Date: _____ Are you a citizen of the United States? YES NO

I am interested in the **DAYTIME** classes (10-2pm) YES NO
If no, are you authorized to work in the U.S.? YES NO

I am interested in the **EVENING** classes (6 – 9:30 pm) YES NO

How did you hear about our program?

Education

High School: _____ From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Previous Culinary Experience:

Describe:

What would you like to do with your Culinary Certification:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____