



Intake Application

Instructions: It is important that you complete this application completely. Complete this application with the assistance of staff, if necessary. If you have any questions please call (831) 444-3501.

PART 'A': PERSONAL INFORMATION

First Name:		Last Name:	
Street Address:			
City:	State, Zip:	Email:	
Home phone:		Cell Phone:	
Emergency Contact:		Emergency Number:	
Social Security:	Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Why are you interested in studying in the Drummond Culinary Academy?			
<input type="checkbox"/> <i>Hispanic</i> <input type="checkbox"/> <i>Caucasian</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>African/American</i> <input type="checkbox"/> <i>Native American</i> <input type="checkbox"/> <i>Other:</i>			
Is English the main language spoken in your household? Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'No' Specify which one is): _____			
If no, how often does communicating in English cause problems for you at work or at school? <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never			
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Total number of family members living in the household: _____			
Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____			
Do you have reliable child care? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child's Name:	DOB:	Do they live with you?	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What type of transportation do you use? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other: _____			
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
License #: _____		Class: _____ Exp. _____ / _____	
Are you one of the following:			
<input type="checkbox"/> U.S. Citizen or National of the United States			
<input type="checkbox"/> Lawful Permanent Resident Alien #A _____		Work Permit exp date _____ / _____ / _____	
Have you or your family:			
<input type="checkbox"/> Received food stamps		Last date received: _____	
<input type="checkbox"/> Received Cash Aid		Last date received: _____	
PART 'B': EDUCATIONAL INFORMATION			
Are you currently attending school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GPA: _____
Are you a high school graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you obtained your GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name and address of last school attended:			

Year you last attended school:		Highest grade completed:	
Have you ever been in another training program? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give name and location of program: _____			
Dates you attended: _____		Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PART 'C': LEGAL BACKGROUND (answering yes, will not necessarily disqualify you)			
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, state if it was a misdemeanor or a felony, describe and include dates and status of all cases:			
Are you on probation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name and phone number of Officer: _____			
Are you on parole? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name and phone number of Officer: _____			
PART 'D': HEALTH INFORMATION			
This job may include carrying heavy objects and other physical demands.			
Are you able to carry heavy objects or do physical labor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any health, physical or medical problems? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please describe: _____			
Are you supposed to wear eyeglasses? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently in a program, or need counseling, for an addiction such as cigarettes, alcohol or drugs?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
PART 'E': JOB HISTORY			
Have you ever held a job before? Yes <input type="checkbox"/> No <input type="checkbox"/> Below, please list the last two jobs you held. (If no, skip this section and complete the rest of the application.)			
Name of the Company and Address:			
Supervisor's Name:			
What was your position?		When did you Start?	End?
Hours per week: Salary:		<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Volunteer
Duties:			
Reason for leaving:			
Name of the Company and Address:			
Supervisor's Name:			
Position held:		Start date:	End date:
Hours per week: Salary:		<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Volunteer
Duties:			
Reason for leaving:			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give the name of the company: _____			
Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>			
Work Schedule: _____			
Current hourly wage: _____			

PART 'F': GOALS & LEISURE	
What do you see yourself doing in 5 years?	
What is your dream job?	
What is most important to you? Rate from 1 – 7 (1 being the most important, 7 being the least) important: _____ Family _____ Friends _____ Sports _____ Car _____ Work _____ Education _____ Boy/Girlfriend _____ Other: _____	
Name 3 interests (ex: working on cars, animals, weight lifting, computers, travel, outdoors)	
How did you hear about the Drummond Culinary Academy?	
<i>In signing this application, I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from my enrollment in the Drummond Culinary Academy.</i>	
_____ Signature	_____ Date

Please fill out this section carefully, and accurately. Show all family income (before deductions) from all sources for the last 6 months. Include income from applicant, mother/female “head of household”, father/male “head of household”, and any relatives in the household. Documented verification of all income will be required at time of eligibility, as acceptance to Drummond Culinary Academy and John Muir Charter School is based on mandatory low income criteria.

PART G: FAMILY INCOME				
INCOME (ALL SOURCES – BEFORE DEDUCTION)	\$ APPLICANT \$	\$ FATHER \$	\$ MOTHER \$	\$ OTHER RELATIVES \$
JOBS – WAGES – SELF-EMPLOYMENT INCOME				
ALIMONY – RETIREMENT – PENSION				
OTHER INCOME (PLEASE SPECIFY):				
BENEFITS (ALL SOURCES – BEFORE DEDUCTIONS)	\$ APPLICANT \$	\$ FATHER \$	\$ MOTHER \$	\$ OTHER RELATIVES \$
TANF (CASH AID) (FORMERLY KNOWN AS AFDC)				
SSI (SUPPLEMENTAL SECURITY INCOME)				
SDI (STATE DISABILITY)				
SOCIAL SECURITY SURVIVOR’S BENEFITS				
MILITARY SURVIVOR’S BENEFITS				
FOSTER CHILD GRANT				
UNEMPLOYMENT INSURANCE INCOME				
WORKER’S COMPENSATION				
CHILD SUPPORT				
OTHER BENEFITS (PLEASE SPECIFY):				

PLEASE SUBMIT YOUR APPLICATION TO: RANCHO CIELO YOUTH CAMPUS

PHYSICAL ADDRESS: 710 OLD STAGE RD. SALINAS, CA 93908 MAILING ADDRESS: P.O. 6948 SALINAS, CA 93912

Ph: (831) 444-3533 Fax: (831)444-3550

E-MAIL: DRUMMONDCA@RANCHOCIELOYC.ORG WEB SITE: WWW.RANCHOCIELOYC.ORG