



**Hands On
Educational
Services, Inc.**

Application form

2 Easy Ways to Apply

1. Print form and fax

(813) 886-5684

2. Print form and mail

P.O. Box 261987

Tampa, FL 33685-1987

< Form Begins on next page >



Applicant Name: SS#:

Age: (All culinary trainees must turn 18 prior to attending training program)

Date of Birth: Place of Birth: Race: Sex:

Address

City State Zip

Phone – Home Phone – Cell

Disability:

Email address:

Name of VR Counselor Ph #

Date available to begin training: -

Type of vocational training/employment you are seeking.

• First choice • Second choice • Third choice

**Class dates will be assigned on a first come – first serve basis and you will receive a confirmation by mail or phone informing you of the class date you are assigned and other instructions, ie: directions, reporting times and places, etc. Due to small class size, there may be a waiting list of up to several months.*

Name of Closest Relative: Relationship to you:

Address Ph – Hm

Ph – Wk

Email

Are you a citizen of the United States?

If no, do you possess the necessary documentation to work in the U.S?

Attach copies of Drivers License, SS Card, and Work Permit (if applicable)

Do you have any limitations that prohibit you from performing certain tasks?

If yes, explain:



Applicant Name:

Highest grade completed in school: (High School diploma is not required)

Strongest School Subject: Weakest School Subject:

High School Attended: City Grad Date

Please list all degrees and/or certificates you have obtained:

College/Vo-Tech	Degree/Certificate earned	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list three places of employment, located near your home, that you would like to apply after completing the training program.**

Name of Company: Phone:

Address

Name of Company: Phone:

Address

Name of Company: Phone:

Address

****Upon graduation, it is very important that you make several copies of your course completion and food-handler certificates and attach them to each employment application. You should also put the Program Director's name and phone number as a professional or personal reference. Immediately email or call Hands On Educational Services and state where you have applied and include the phone numbers. The Program Director will contact those prospective employers to discuss the training program, your qualifications, and act as a reference on your behalf. **This will greatly increase your chances of obtaining employment immediately after completion of the training.** Please list three references below. If you have been employed include at least one employment reference. If not, you may use a teacher or instructor.**

Name	area code	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Please complete this questionnaire so that we may best meet your individual needs while enrolled in our program. Attach this sheet to your application.

Section A

I am in good health, take no prescription medications, and require no special assistance or equipment in order to complete the vocational training program. (If you check this statement, skip to section B, item number 4)

I do take prescription medications or require special assistance/equipment in order to complete the vocational training program. (Please explain in section B)

Section B

1. List all prescription and non-prescription medications that you are taking. Please remember that you are required to provide enough medication to last throughout the training program:

2. List any side effects that you may experience from these medications while taking them or if you miss a regular dose. Include information on seizures – type and frequency.

3. Check any of the following that you may require to meet your needs during the training:

- Wheelchair Access or Transportation
- Interpreter - please list type:
- Special Equipment – please list type:
- Special Diet – type:

4. List any food or medication allergies you may have. Please describe reactions.

5. List any physical limitations you may have. (Heavy lifting, prolonged standing, etc.)

6. List any other concerns or issues that we can assist you with while enrolled in this training program. Feel free to attach additional sheets if you require more space.

Print Name

Sign Name

Date



Applicant Name:

Have you ever been convicted of a misdemeanor or a felony ?

(A conviction will not necessarily disqualify you from this training opportunity or future employment)

If yes, explain:

I certify that all of the above information is true and correct, to the best of my knowledge. I understand that falsifying application information could result in dismissal from the program and any employment connected with Hands On Educational Services. I also understand that I may be required to complete and pass a drug screening prior to starting the program and that a criminal history check will be conducted using the information that I have supplied.

Signature: Date:

Please list the following sizes so that we may order your uniforms*.

Pants Shirt Waist Inseam Neck
Men's sizes S M L XL XXL

*Note – Uniforms are provided while you are in training only.

Applicant Statement

Please state, in your own words, why you are applying for enrollment in this training program. Tell us a little about yourself and what your goals are regarding employment.

Applicant Questions

Please list any questions you may wish to ask the Program Director. This will help you organize your thoughts so you don't forget to address a specific concern or issue.

IMPORTANT - A \$35.00 Non-Refundable application fee is required prior to applications being processed. Class slots are on a first come-first serve basis and Hands On Educational Services cannot confirm an enrollment date until this fee has been received by our office.

IF YOU FAX THIS FORM YOU STILL MUST MAIL APPLICATION FEE AND COPIES OF DRIVERS LICENSE, SS CARD, AND WORK PERMIT (IF APPLICABLE) TO THE ADDRESS BELOW.

Mail completed applications/forms and a \$35.00 check or money order to:

**Hands On Educational Services, Inc.
P.O. Box 261987
Tampa, FL 33685-1987**

Phone/TTY (813) 886-5600 – Toll-Free 1-866-886-5600
Fax (813) 886-5684 – email: info@handsoneducation.net



Print completed application and keep for your records.

Keep this checklist to ensure that you have completed all of the required forms and assignments prior to your training start date.

- Mailed or e-mailed** "Hands On Educational Services – Program Application"
- Mailed \$35.00 application fee using check or money order
(VR Counselors may be able to pay the application fee)
- Mailed Special Needs Questionnaire
- Made copies of Drivers License and Social Security Card
(include with application) **Bring originals with you on first day!**
- Mailed copies of Work Permit for non U.S. citizens (if applicable)
- Scheduled travel arrangements to city of training site (if applicable)
- Purchased comfortable rubber sole **black shoes** (Sneakers OK)
- Shaved Beard (culinary trainees only - Moustache OK)
- Note** - Facial / Tongue Piercings must be removable while at Hyatt.
Unusual Hair color is not allowed. Males are NOT allowed to wear Earrings
while at Hyatt – Females can only wear small hoops/posts
- Purchased a phone card or call collect from hotel room.
- Bring some cash. Your paycheck may not be for 2 - 3 weeks.
- Bring bathing suit, at least 6 plain white undershirts, & laundry soap.

Equal Opportunity Statement

Hands On Educational Services, Inc. is an equal opportunity training / placement service and does not discriminate against any persons regardless of race, sex, sexual orientation, disability, nationality, religious beliefs, or ethnic background.
