

WAYNE-FINGER LAKES BOCES

ADULT CULINARY ARTS PROGRAM

Starting:

June 15, 2020

Graduation:

December 4, 2020



PREPARING ADULT STUDENTS FOR THE FAST-PACED LIFE OF THE FOOD INDUSTRY

Take part in internships and make meaningful connections with industry partners.



NYSRAEF CERTIFICATION PROGRAM



100% GRANT FUNDED



25 WEEKS

*Enroll now for this **FREE** opportunity!*

CONTACT: BRIAN MATTICE PC1, CEC, CCA
brian.mattice@wflboces.org | 315-332-7715



Wayne-Finger Lakes
Board of Cooperative Educational Services

June 2020

Culinary Arts
Admissions Application

131 Drumlin Court
Arcadia Building Room AY104
Newark, NY 14513
315-332-7714

Culinary Instructor

Brian T. Mattice PC1, CEC, CCA

Student Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No.:

Date of Birth:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever attended Culinary Art Training? YES ☐ NO ☐ If yes, when/where? _____

Chef Coat Size (S,M,L etc) _____

Chef Pants Size (34,36,44 etc) _____

Education

High School/GED: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list the person/persons who referred you to program

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

I understand that false or misleading information in my application may result in negating this application, application or enrollment from the program.

Signature: _____ Date: _____