



# Chinese American Service League

(This is a fill-in form)

A Not-For-Profit Organization

## C Training Program - Registration Form

### Instructions:

Please fill out this form and email it back to \_\_\_\_\_, at [@casl.org](mailto:casl@casl.org), or mail it back Attn: C Training Program, 2141 S. Tan Court, Chicago, IL 60616. We will contact you upon the receipt of the registration form. If you have any questions or need assistance, please call \_\_\_\_\_ at (312) 791-0418 extension 3612.

Date \_\_\_\_\_

### Personal Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Chinese Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Full SSN is required) Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ward \_\_\_\_\_ CHA Housing:  Yes  No

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Female  Male

Registered for Selective Service:  Yes Number: \_\_\_\_\_  No  
 N/A Reason: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated

Citizenship Status:  U.S. Citizen  Registered Alien/Refugee  
 Others: (Please Specify): \_\_\_\_\_

Ethnicity:  White  African American  Hispanic  Asian

Education Level: Highest grade completed: \_\_\_\_\_

How did you find out CASL's Community Training Program?  
\_\_\_\_\_

Why do you want to join our C Training Program?  
\_\_\_\_\_

State any physical or other problems that you might have that would affect your participation in training:  
\_\_\_\_\_

**Collateral Contacts:**

1) Collateral Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Collateral Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FAMILY CHARACTERISTICS**

Family Type:  Not a Family Member  Not Reported  Other Family Member  
 Parent in One-Parent Family  Parent in Two-Parent Family

Family Size:  1  2  3  4  5  6  7  8  9  10  more than 10

Dependants under 18 Years :  1  2  3  4  5  more than 5

Family of 1 due to disability :  Yes  No

Living Situation:  Home Owner  Renter

How Long at Residence:  Less than 6 months  1-5 years  6-10 years  over 10 year

Family Members :

<u>Name of Family Member</u>	<u>Relationship</u>	<u>Age</u>	<u>Dependent?</u>	<u>Has Income?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family Income Sources:**

Earned Income: \_\_\_\_\_ Unemployment Insurance: \_\_\_\_\_  
 Public Welfare Recipient : \_\_\_\_\_ Living off own cashing savings : \_\_\_\_\_  
 SSI: \_\_\_\_\_ Supported by someone else : \_\_\_\_\_

**Work History (Describe all jobs held for the past starting from the most recent one):**

1) Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_ /hour  
Duties: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

2) Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_ /hour  
Duties: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

3) Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_ /hour  
Duties: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

4) Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_ /hour  
Duties: \_\_\_\_\_  
Reason of Leaving: \_\_\_\_\_

**Future Expectations:**

Do you have to take care of seniors/children at home?  Yes  No  
Do you have children under 18 years old?  Yes  No How many? \_\_\_\_\_ Age: \_\_\_\_\_  
Do you have anyone to take care of them when you are in training or work?  Yes  No  
Do you have financial problem if you don't have income during the training period?  Yes  No

What do you plan to do after this training?  
\_\_\_\_\_

Do you want to make a career in the food service industry?  
\_\_\_\_\_

**Previous Training Received:**

Name of Training: \_\_\_\_\_  
Nature of Training: \_\_\_\_\_  
Nature of Training Provider: \_\_\_\_\_  
Period of Training: From: \_\_\_\_\_ To: \_\_\_\_\_  
Funding Source: \_\_\_\_\_  
Credential Type:  Licensure  Certificate  Diploma  Associate Degree  Bachelor Degree  
 Others: (Please Specify): \_\_\_\_\_  
Post-Training Placement (if any): \_\_\_\_\_

**Background Information:**

Have you ever plead guilty to or been convicted of any criminal offense other than a minor traffic violation?  Yes  No  
If yes, please specify: \_\_\_\_\_  
(Note: A conviction does not automatically bar training)  
Are you able to pass background check?  Yes  No  
Are you able to pass drug test?  Yes  No

**Signature**

*Applicant's certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify that all of the above information is true and complete. I agree that any information I have provided is subject to verification. I understand that falsification of any item is grounds for termination from Chinese American Service League Chef Training Program and may result in action to recover any moneys paid to me while participating. (Participant will sign this document in person at time of registration).*

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_

**CASL C Training Program**  
**Pre-Class Questionnaire**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone \_\_\_\_\_

1 Do you enjoy cooking? Explain .....

2 What style of cooking would you like to learn more about?

3 Please list several of your favorite foods .....

4 Are you currently working in the food service industry, or, have you previously worked in the food service industry?

Yes  No

5 Will you be available from 8 am to 4 pm, Monday through Friday, for the next 16 weeks?

Yes  No

6 Do you have any problems with standing for long periods?

Yes  No

7 Do you have any problems with lifting?

Yes  No

How much you could lift? \_\_\_\_\_

8 Upon completing the program, will you be available for full time work?

Yes  No

If no, please specify: \_\_\_\_\_

9 Do you have flexible work schedule including holidays and weekends?

Yes  No

If no, please specify: \_\_\_\_\_

10 Where would you like to work?

### Instructor/Interviewer Recommendations:

**Staff Use Only**

Eligibility:	<input type="checkbox"/> Eligible 1A	Behavior: Motivation	<input type="text"/>
	<input type="checkbox"/> Eligibility Determined	Punctuality	<input type="text"/>
	<input type="checkbox"/> Not eligible	Attitude	<input type="text"/>

Staff Comment:

# CHINESE AMERICAN SERVICE LEAGUE

## RELEASE FORM – ENTITY

### Authorization for Release of Photograph, Voice, Use of Likeness or Printed Quotes or Statements

I hereby release to the Chinese American Service League (CASL) its officers, agents, employees and or affiliates the rights of \_\_\_\_\_ (entity) photograph, image, likeness, representative's voice as recorded on videotape of film and any oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by CASL) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Job Training and Experiential Development Program. I hereby release any and all claims against CASL its officers, agents, employees and/or affiliates arising out of or in connection with the usage of \_\_\_\_\_ (entity) photo, likeness, representative's voice and/or oral or written statement(s) regardless of format (whether they are direct quotes or paraphrased by CASL) for the purpose of promotion videos, publications and marketing material including Internet publications related to the Job Training and Experiential Development Program. I acknowledge that this release is legally binding and understand that this is the entity's final notice regarding this matter and that CASL its officers, agents and/or affiliates may proceed in reliance thereon. The undersigned in this release desires to assist in the work of CASL, its officers, agents, employees and/or affiliates by making the entity's image, likeness, representative's voice and/or oral or written statement(s) available for CASL's program marketing publication(s) related to the Job Training and Experiential Development Program. By signing below, I acknowledge that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, on behalf of \_\_\_\_\_ (entity) hereby release, indemnify and hold harmless, CASL its officers, agents, employees and/or affiliates from and against any and all claims, losses, suits, damages, or costs (including reasonable attorney's fees) arising out of, resulting from or relating to the entity's participation in CASL's marketing publication(s) related to the Job Training and Experiential Development Program. I further acknowledge that (1) I am a person of legal age and the person identified below who is authorized to execute this release; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; and (4) I have executed this release voluntarily.

Names of entity: \_\_\_\_\_

Entity's representative furnishing oral or written statement(s):  
\_\_\_\_\_

Date picture taken and/or oral or written statement was made: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Signature and Title

\_\_\_\_\_  
Date



CHINESE AMERICAN SERVICE LEAGUE, Inc.  
A Not-For-Profit Organization

## Release of Employment Information

I authorize Chinese American Service League (CASL) Employment Bureau staff to verify my employment, even if I obtain a job on my own from resources of CASL. This includes wages, job title, date of employment, employer information and written document, such as pay stub copies, as required by the Fair Credit Reporting Act. This authorization also includes release of employment verification from my future employer such as start date, employer name and address, wage, job title, etc.

I understand that this information is strictly confidential. CASL staff will use it for the sole purpose of employment verification. There will be a follow-up period for at least twelve months. During this time, I will be contacted by the CASL program staff member to verify my employment.

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Customer Name (print)

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Customer Signature