



Home of the Rojahn Performance Kitchen at Central Market

YORKITCHEN INSTRUCTOR APPLICATION FORM

Please complete as much of this form as you are able. It is not our intent to disqualify your organization, only to gather as much information as possible.

It is your responsibility to notify us should any of the information requested below change or need to be updated. You can download a new form at www.YorKitchen.com. Thank you for your cooperation in this regard.

Requirements:

- An interest in culinary education
- Passion for food preparation and cooking
- Superb oral presentation skills
- Advanced cooking skills
- A means of transportation for shopping and preparation for the class
- An email address and access to the internet

Contact Information:

Name

First

Middle Initial

Last

Organization

Address

Street Address

City

State/Zip

Phone Numbers

Home

Cell

Other

E-mail Address (required)

Expression of Interest:

Have you previously applied to be a cooking instructor with NutriCore NorthEast Inc.? If so, provide all pertinent details.

What type of organization do you represent? Church, business, school, non-profit, other?

Please describe why you are interested in teaching in either YorKitchen or the Rojahn Performance Kitchen.

If selected, please describe the types and topics of the classes you would like to teach.

37 W. Clarke Ave. York, PA 17401

This institution is an equal opportunity provider and employer





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Nutrition / Cooking Background:

Please note any nutrition or health-related degrees, certifications, personal designations, licenses, etc. (see examples below) along with the issuing entity, the state/jurisdiction of issuance, the date the license/certification was first obtained, and any identification numbers or expiration dates.

RD? _____

Nurse Professional? _____

Nutrition Consultant? _____

MD? _____

Other? Please Identify _____

Please describe any additional/other nutrition-related experience.

Please describe your previous cooking experiences:

Professional Background:

Have you ever been terminated from or resigned from a clinical or professional training program? If so, provide all pertinent details.

Has your professional license ever been suspended or revoked? If so, provide all pertinent details.

Have you ever been party to a malpractice action or had a malpractice action brought against you? If so, please provide all pertinent details.

Have you ever been terminated from employment due to practice issues? If so, please provide all pertinent details.





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Teaching References:

Name:	E-Mail Address:
Phone:	Years Known:
Relationship:	
Name:	E-Mail Address:
Phone:	Years Known:
Relationship:	
Name:	E-Mail Address:
Phone:	Years Known:
Relationship:	

Authorizations:

Are you over the age of 18? Yes No
 Are you legally eligible to be employed in the U.S.? (Proof of identity and eligibility will be required) Yes No
 Have you ever been convicted of a crime other than a minor traffic offense? Yes No
 If yes, provide all pertinent details.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if contracted, falsified statements on this form shall be grounds for termination of the contractual relationship. I authorize investigation of all statements contained herein and release all parties from all liability for any and all damage that may be a result from utilization of such information.

Signature: _____ Date: _____

Application Instructions:

Please return this application along with a copy of your résumé' and any relevant certifications:

YorKitchen
 37 W Clarke Ave
 York, PA 17401

For any questions, please contact YorKitchen at:
 717-814-8879
 info@yorkitchen.com

