

First Coast Technical College School Of Culinary Arts,
Education Provider For
FIRST COAST CULINARY APPRENTICESHIP GNJ



American Culinary Federation
The Standard of Excellence for Chefs

Dear Prospective Apprentice,

Thank you for your interest in the American Culinary Federation's Apprenticeship Program. Please review the forms contained in this packet. It is important to complete them legibly and return the packet to FCTC at your earliest convenience. Enrollment can be a complicated process, but we are here to help. Please contact our office if you have questions.

Please contact our office prior to your arrival to schedule an appointment to review your paperwork & coordinate the Apprenticeship process. In order to complete your registration, we will need the following items completed & ready to submit:

- American Culinary Federation application for membership form
- American Culinary Federation apprentice registration form
- American Culinary Federation sponsoring house agreement form
- American Culinary Federation sponsoring house responsibility form
- First Coast Technical College registration form
- Florida Department of Education apprentice form
- A copy of your current resume
- A copy of your driver's license
- A copy of your high school diploma or GED
- A letter of reference from your current employer
- A letter of reference from a professional mentor or peer
- Write an essay on why you want to be a chef (300 word minimum)
- If you're a Veteran of the US' Armed Forces, a copy of your DD214

First Coast Technical College's School of Culinary Arts is the education provider for the First Coast Culinary Apprenticeship (GNJ). This program is accredited by the American Culinary Federation and recognized by the Florida Department of Education. Upon completion, our graduates of the Apprenticeship Program will earn their Sous Chef (CSC) with the American Culinary Federation.

We look forward to working with you!

Warmest regards,

Anthony Lowman, CCC, CCE, ACE

Anthony Lowman, CCC, CCE, ACE · Apprenticeship Coordinator
Phone 904.547.3468 · Fax 904.547.3459 · anthony.lowman@fctc.edu
2980 Collins Ave. · St. Augustine, FL 32084 · www.fctc.edu



FIRST COAST TECHNICAL COLLEGE STUDENT REGISTRATION

REGISTRATION FORM DIRECTIONS: Please print and use legal names. Most items on this form are required by Florida Statute and/or Florida Administrative code. Please inform staff of any special services or assistance you may need.

Enrollment Date: _____ Social Security #: _____ Date of Birth: ____/____/____
 Last Name: _____ First Name: _____ MI: _____ Place of Birth (City/State): _____
 Physical Address: _____ City: _____ State: _____ Zip Code: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 (if Different from Physical Address)
 Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

Resident Status: Florida Resident – One year or more (*see note below) Florida Resident for less than one year or out of state resident
 *Note: To qualify as a Florida resident for tuition purposes, a student must have established legal residence in Florida and must have maintained legal residence in Florida for at least 12 MONTHS PRIOR TO THE FIRST DAY OF CLASS. Evidence of Florida residency may include one or more of the following documents with applicable establishment date:
 Proof of purchase of a permanent home in FL Full-time employment in Florida Declaration of domicile
 Florida vehicle registration Florida driver's license or ID card Recent Florida high school transcripts (multiple years)
 Professional/occupational license in FL or Incorp. Florida voter's registration card Membership in Florida charitable/professional organization

Ethnicity: Hispanic/Latino Non Hispanic/Latino SEX: Female Male Are you a Veteran? Yes(V) No(Z)
 Please also complete "Race" selection below. Check all that apply:
 Race: White Black/African American Asian American Indian/Alaska Native Native Hawaiian or Other Pacific Islander
 Citizenship Status: Non-Resident Alien(A) U.S. Citizen(C) Permanent Resident Alien(P) Unknown or Not Reported(X)

Are you employed: ____ Yes ____ No If yes, please complete the following: Occupation: _____
 Employer Name: _____ Phone #: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Emergency Contact Phone #: (____) _____

Are you a High School student taking a course for credit? Yes No Co-Enrolled? Yes No School: _____

Are you a High School Graduate? Yes No Highest Grade Completed: _____ Financial Assistance received, If any _____

Documented Disability, If any: _____ Request Special Services? ____ Yes(I) ____ No(N) ____ Not Applicable(Z)

Are you a Single Parent?(S) Yes No Single Pregnant Woman?(W) Yes No Displaced Homemaker?(H) Yes No

Both-Single Parent & Pregnant?(B) Yes No Do you have any illnesses or health concerns? Yes No If yes, what? _____

Is this your first time in Post Secondary education (do not count dual enrollment or early admission)? Yes No

If No, when was the last time you attended a course in this school/district? Year _____ Course _____

Is English your Second Language?: Yes No If Yes, what is your First Language: _____ Enrolled in ESOL (LY): Yes No

<p>Goals for attending (select up to three):</p> <input type="checkbox"/> Employment(A) <input type="checkbox"/> Obtain High School Diploma(E) <input type="checkbox"/> Retain Employment(C) <input type="checkbox"/> Enter Post-secondary Education or Job Training(F) <input type="checkbox"/> Pass GED(D) <input type="checkbox"/> Citizenship(I) <input type="checkbox"/> Default goal only(X) (Improve Basic Skills or Learn English)	<p>How did you hear about our school?:</p> <input type="checkbox"/> Television(T) <input type="checkbox"/> Internet(I) <input type="checkbox"/> Flyer(L) <input type="checkbox"/> Radio(R) <input type="checkbox"/> Walk-In(W) <input type="checkbox"/> Catalogue(C) <input type="checkbox"/> Newspaper(N) <input type="checkbox"/> Drive By(D) <input type="checkbox"/> School(S) <input type="checkbox"/> Friend/Relative(F) <input type="checkbox"/> Place of Work(P) <input type="checkbox"/> Other(O)
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IF THE STUDENT IS YOUNGER THAN 18 YEARS, THE PARENT OR GUARDIAN MUST COMPLETE THE AFFIDAVIT.
 I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

THE ADULT COMPLETES THIS AFFIDAVIT.
 I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

STUDENT SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

Program: **Culinary Apprenticice** Entry Date: _____ Full Time: Yes No Part Time: Yes No

Course & Section # I20040R.1949 & I20040R.0949	Course Title Culinary Arts Apprenticeship	Financial Aid Type N/A	Days (circle ONE) M T W R F	Fees Paid By: N/A
Course & Section #	Course Title	Financial Aid Type	Days (circle)	Fees Paid By:
			M T W R F	

Registrar Signature: _____ Processed Date: _____

ACF Apprenticeship Membership Application

**PRE-PAYMENT INCENTIVE PLAN
ACFEF Apprentices Only**



AMERICAN CULINARY FEDERATION, INC.
 180 Center Place Way, St. Augustine, FL 32095
 (800) 624-9458 • (904) 824-4468 • FAX: (904) 825-4758
 Email: membership@acfchefs.net • Web: www.acfchefs.org

Thank you for registering for the ACFEF apprenticeship program. One program requirement is becoming an ACF member for the duration of your apprenticeship. The ACF has created a special pre-pay incentive program to make enrollment easier. Pre-pay your membership at the beginning of your apprenticeship and receive a 30% discount. This special incentive is offered only to ACFEF Apprentices who pre-pay two or three years of ACF membership.

Please use this ACF membership application form instead of enrolling online in order to take advantage of this special incentive. The incentive offers a 30% discount off national ACF membership pricing. The ACF strongly encourages all apprentices to join one of our 230 local chapters* around the country. Membership in a local chapter gives you access to chapter events, competitions, educational seminars and networking opportunities. Please ask your program coordinator or visit the ACF website for details about the closest ACF chapter in your area and list the local chapter at the bottom of this form.

PLEASE PRINT THE FOLLOWING INFORMATION

Apprenticeship program name: FIRST COAST CULINARY APPRENTICESHIP GNJ @ First Coast Technical College School of Culinary Arts

First name: _____ MI: _____ Last name: _____

Work title: _____ Company/employer: _____

Company address: _____

City: _____ State: _____ Zip: _____ Country: _____

Work phone: _____ Mobile: _____ Fax: _____

Work email: _____ Website: _____

Home address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Mobile: _____ Fax: _____

Home email: _____

Membership Category

Fees

Student Culinarian

- 1 year (1,000, 4000, 6000 hr) \$ 80.00
- 2 year (4000 hr) \$ 100.00
- 3 year (6000 hr) \$ 150.00

Yes, enroll me in the local ACF chapter (please list) St. Augustine Chapter

** Please note that the local chapter may have a minimal annual fee in addition to the costs listed above. The national office will contact you about the annual fee.*

Method of Payment (Membership is processed when dues are paid in full)

- Check/M.O. Visa Discover MC American Express

Credit card number: _____ Expiration date: _____

Billing address if different from above: _____

Cardholder name: _____ Signature: _____ Date: _____

Optional: Name of sponsor: _____

All membership fees are non-refundable.

Apprentice Registration Form

ACFEF Apprenticeship Program

April 2014



American Culinary Federation, Inc.
180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458 FAX: (904)825-4758
www.acfchefs.org

Date _____/_____/_____

Program Sponsor: _____

First Name _____ MI _____ Last Name _____

Address _____ Date of Birth _____/_____/_____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email (required – please print legibly) _____

*Optional information provided below will remain confidential.
and is intended for use only for statistical and demographic purposes:*

Sex: Female Male
US Citizen Yes No If No, Country _____

Racial Origin

- | | |
|--|--|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Other |

Type Apprentice: Cook Pastry **Log Book:** Portal
 4000 hr 6000 hr Hybrid 4000 hr 6000 hr Hybrid Flash drive

Employed by Sponsoring House: _____

Street _____ City _____ State _____ Zip _____

Supervising Chef: _____ Phone _____

Related Instruction Source/Educational Institution: First Coast Technical College School of Culinary Arts

Apprenticeship Chair/Coordinator Signature: _____

Apprenticeship Chair/Coordinator Name (Printed) _____

Apprentice Signature: _____

SEND \$105.00 Non-refundable Enrollment Fee (includes Logbook) along with this form to:

National Apprenticeship Office, 180 Center Place Way, St. Augustine, FL 32095

Payment Information

- I have enclosed a check/money order made payable to the American Culinary Federation Education Foundation (ACFEF).
 Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp. Date: _____ Amount: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Account: _____ Signature: _____

NATIONAL OFFICE USE ONLY - Register Date: _____ Deletion Date: _____ Graduation Date: _____

Program : _____ Member Number: _____ Auth nbr (CC): _____

Sponsoring House Agreement

ACFEF Apprenticeship Program

August 2011



American Culinary Federation, Inc.
180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458 FAX: (904)825-4758
www.acfchefs.org

THIS AGREEMENT is entered into this ____ day of _____, 20____, between
The _____ Apprenticeship Program,
hereinafter referred to as the Program Sponsor, and _____,
hereinafter referred to as the Sponsoring House.

The undersigned Sponsoring House agrees to the apprenticeship program standards for the trade of Cook – O*NET CODE: 35-2014.400 and Pastry Cook – O*NET CODE 51-3011.01 as formulated and registered by the with the Department of Labor, Office of Apprenticeship. The Sponsoring House agrees to abide by the rules and regulations contained therein. The Sponsoring House has been furnished a true copy of the Standards, has read and understood them, and does hereby request recognition to train apprentices under the provisions of these Standards, with all attendant rights and benefits thereof, until cancelled voluntarily or revoked by the Program Sponsor. The Sponsoring House agrees to retain the apprentice in his/her employ as work is available, to guarantee the apprentice assignment to a skilled and competent journey worker and to guarantee the apprentice will be rotated so as to ensure training in all phases of work. The Sponsoring House further agrees to maintain the qualifications for a Sponsoring House as outlined in Appendix F in said Standards. The Program Sponsor agrees to supply the Sponsoring House with apprentices, as available, and perform such administrative and related training functions as specified in the registered program standards. The apprenticeship standards referred to herein are hereby incorporated in and made a part of this agreement.

This agreement may be terminated by mutual consent of the signatory parties. Notification by the Sponsoring House must be made in writing to the Program Sponsor.

Name of Sponsoring House (typed or printed)

Address

City, State, Zip

Phone

Authorized Representative/Title (typed)
For Sponsoring House

Signature

Date

Supervising Chef /Title (typed)

Signature

Date

Program Sponsor Apprenticeship Chair (typed)

Signature

Date

Original: To be kept in Program Sponsor files

copies: Employer, Registration Agency, ACFEF national office

Sponsoring House Responsibility

ACFEF Apprenticeship Program

August 2011



American Culinary Federation, Inc.
180 Center Place Way
St. Augustine, FL 32095
(800) 624-9458 FAX: (904)825-4758
www.acfchefs.org

The ACFEF Apprenticeship Program Sponsoring House, _____, understands and is aware of the following requirements:

1. Employ an individual who meets the qualifications for a supervising chef.
2. Offer a full service menu with at least 51% of the items prepared "from scratch".
3. Serve at least two of the following meal periods: breakfast, lunch, dinner, or banquet.
4. Maintain a clean, sanitary, and safe work place.
5. Allow the apprentice time off to complete the related instruction and other related activities.
6. Hire the apprentice as a full time employee and provide an average of forty (40) hour work week.
7. Follow or better the wage progression schedules. There must be a progression established for the apprenticeship period.
8. Adhere to the conditions of any ongoing labor contract.
9. Provide an opportunity for the apprentice to complete all of the work processes listed in the Training Log.
10. Guarantee the apprentice all the rights, privileges, and benefits that other similar employees receive.

Printed Name of Establishment _____

Printed Name of Owner / Manager _____

Signature _____

Date _____

original: To be kept in Program Sponsor files on Sponsoring Houses

copies: Employer



APPRENTICESHIP PARTICIPATING EMPLOYER'S AGREEMENT

PROGRAM # FL 0 1 3 0 6 0 0 0 2

This agreement made at _____ Florida between _____ (hereinafter referred to as Employer) and _____ First Coast Culinary Apprenticeship GNJ _____ (hereinafter referred to as Program Sponsor)

WITNESSETH: That for and in consideration of the mutual covenants and promises herein contained, the parties agree as follows:

I. PARTIES: The parties to this agreement are: (Employer)

Form fields for Employer: (NAME-TYPED), (ADDRESS-TYPED), (CITY), (STATE), (ZIP CODE), (PHONE NUMBER - AREA CODE & NUMBER), (FAX NUMBER - AREA CODE & NUMBER)

Form fields for Program Sponsor: (Program Sponsor) First Coast Culinary Apprenticeship GNJ, 2980 Collins Ave., St. Augustine FL 32084, 904.547.3461 / 904.547.3459

II. TERMS: The term of this agreement shall commence upon execution by both parties as indicated by the dates set out below and shall continue in force and effect until terminated as herein provided. A termination of this agreement shall be effectuated by one party giving at least thirty (30) days written notice to the other party at the address shown in Article I above.

III. DUTIES: The duties of the parties in the performance of this agreement shall be as follows.

Duties of Program Sponsor:

- 1. To provide the Employer with copies of all pertinent rules, regulations, and other materials affecting the apprenticeship program.
2. To provide such technical information and administration assistance as may reasonably be necessary for the Employer to comply with all applicable rules, standards, and other requirements.
3. To refer registered apprentices to the Employer for employment in such numbers and at such times as may be requested by the Employer to the extent possible with the existing supply of apprentices and within the requirements of applicable rules and standards.
4. To provide the work-related training required by the program standards.

Duties of the Employer:

- 1. To read and abide by all applicable laws, rules, regulations, standards and other requirements which govern the operation of the program and training of apprentices.
2. To retain the apprentice(s) in his employ as work is available and train said apprentice(s) in the trade of:
3. To pay his fair share of the financial expense of the Program Sponsor. In determining the actual amounts due from the Employer, the funding formula contained in the registered program standards shall control.

IV. COPIES: This agreement shall be made and executed in duplicate originals, one of each shall be retained by the Employer and one to be retained by the Program Sponsor. An executed copy shall be made at the same time and be sent by the Program Sponsor to the Registration Agency local servicing representative's address. In addition, a copy of any notice of termination as provided in Article II shall be sent to the Registration Agency, by the party so terminating. IN WITNESS WHEREOF, the parties set their hands on the dates below indicated.

Form fields for Employer: EMPLOYER, PRINT NAME, SIGN, TITLE, DATE

Form fields for Program Sponsor: PROGRAM SPONSOR, PRINT NAME, SIGN, TITLE: Chairperson, DATE



INTERESTED IN A CULINARY CAREER? EARN AS YOU LEARN WITH ~ APPRENTICESHIP ~



American Culinary Federation
Education Foundation

“My apprenticeship training is not only part of my resume, it's the highlight.”

- BRADLEY CRISE, 2010 APPRENTICE GRADUATE, ACF
SOUTH BENDS CHEFS & COOKS ASSOCIATION

“Apprenticeship offers the opportunity to learn many skills that may otherwise take 10 years to acquire.”

- PETER AIELLO, CEC, CEPC, SPONSORING CHEF,
DOUBLE TREE BY HILTON COLORADO SPRINGS

An American Culinary Federation Education Foundation (ACFEF) apprenticeship program provides on-the-job training combined with technical classroom instruction. Apprentices will work fulltime under a qualified supervising chef while developing documented culinary skills. Upon completion, apprentices will have the skills and job experience needed to earn higher wages and better greater job opportunities.

- Participate in an “earn while you learn” approach
- Receive mentoring from qualified professional chefs
- Develop documented culinary skills that are transferable within the industry
 - *Learn and master cooking and baking skills by rotating through different stations*
 - *Develop basic principles of nutrition and dietetics*
 - *Understand the requirements for proper food handling, sanitation and hygiene*
 - *Gain an understanding of management and supervisory knowledge in preparation for a progressive career in the culinary industry*
- Acquire a professional work ethic necessary for success in the hospitality industry
- Prepare apprentices for ACF professional Certified Culinarian®, Certified Pastry Culinarian®, Certified Sous Chef® and Certified Working Pastry Chef® certification testing

FAQ's

How do I become an apprentice?

Contact the program coordinator of the apprenticeship program you are interested in. For more information and apprenticeship locations, visit www.ACFChefs.org/Apprenticeship or call the education department at the American Culinary Federation national office at (800) 624-9458.

Why should I become an apprentice?

When you start an apprenticeship, you are learning a skilled trade from a qualified expert while getting paid. Upon completion, you will have the skills and job experience needed to earn higher wages and have better job opportunities. As an ACFEF apprentice, you will be eligible for ACF Certified Culinarian® or Certified Pastry Culinarian® credential. You will also enjoy the many benefits of an ACF membership, including access to ACF's online Career Center, networking opportunities with top industry professionals and a free e-subscription to the *National Culinary Review*.

What will I learn as an apprentice?

You will learn and master cooking and baking skills through coursework and on-the-job training under the direction of a chef. You will understand the requirements for proper food handling, sanitation and hygiene. You will gain an understanding of management and supervisory knowledge in preparation for a career in the culinary industry. You will acquire a professional work ethic necessary for success in the hospitality industry. You will be prepared for ACF professional CC® or CPC® certification testing.



Where will I work as an apprentice?

You will work under a supervising chef in an establishment known as a "sponsoring house." This may be a restaurant, hospital, adult living community or other foodservice facility. Your program coordinator should provide you with a list of approved local sponsoring houses, but you will be responsible for securing employment. You will receive wage increases during the course of your apprenticeship, based on your increased skill.

Do I go to school as part of the apprenticeship program?

It depends on the apprenticeship program. The required related instruction can be taught in various ways, including classroom, qualified in-house instruction and online courses. Each program develops its own approach to offering related instruction in the apprenticeship stations. Educational institutions will often enroll apprentices in the institution's certificate or degree program.

Do I need experience to be an apprentice?

No, you don't need any kitchen experience to become an apprentice; however, you need to be at least 17 years old and a high school graduate or equivalent.

What does a typical week as an apprentice look like?

As an apprentice, you will be employed by a sponsoring house and will work their required hours. Depending on how the program operates, you will take classes at a post-secondary school on certain days or be responsible for completing online classes on your own time. Apprenticeship is a full-time commitment, at work and at home.

What does it cost to be an apprentice?

Again, it depends on the apprenticeship program. There is a national ACFEF apprenticeship registration fee of \$105 and an ACF apprenticeship membership fee of \$50 for each year of the program. There may be additional costs to consider, such as uniform, knives, and related instruction. These costs may be included in the apprenticeship program cost or they may be your responsibility.

How long is the apprenticeship program?

ACFEF apprenticeship programs take from two to three years to complete.