

Application Form

Please print your contact information clearly:

Full Name:		S.S. #
Age:	D.O.B.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		
Phone:		Email:

Which Tender Greens location(s) would you prefer to work at?

Los Angeles	Orange County	San Francisco	San Diego
<input type="checkbox"/> Culver City <input type="checkbox"/> West Hollywood <input type="checkbox"/> Hollywood <input type="checkbox"/> Santa Monica <input type="checkbox"/> Marina del Rey <input type="checkbox"/> Glendale <input type="checkbox"/> Woodland Hills	<input type="checkbox"/> Pasadena <input type="checkbox"/> Burbank <input type="checkbox"/> Downtown LA <input type="checkbox"/> Studio City <input type="checkbox"/> Westwood <input type="checkbox"/> Torrance <input type="checkbox"/> Woodland Hills	<input type="checkbox"/> Irvine Spectrum <input type="checkbox"/> UC Irvine	<input type="checkbox"/> Downtown SF <input type="checkbox"/> King St. (DTSF) <input type="checkbox"/> Walnut Creek <input type="checkbox"/> Point Loma <input type="checkbox"/> UTC (La Jolla) <input type="checkbox"/> Downtown SD <input type="checkbox"/> Mission Valley

Tell us a bit about yourself:

Tell us about your interests:

Tell us about your goals:

How do you feel about cooking and food?

What do you hope to learn from the SLP program?

What will you bring to the experience?

What motivates you?

What are the biggest challenges you are currently facing?

A few more details...

What days/times are you available to work?

What type of transportation do you have access to?

How did you hear about SLP?

Housing: please check all that apply

Housing Type	Housing Payment	Housing Arrangement
<ul style="list-style-type: none"><input type="checkbox"/> Homeless shelter/Emergency housing<input type="checkbox"/> Short term housing (<3 months)<input type="checkbox"/> Long term transitional housing (3-18 months)<input type="checkbox"/> Long term housing (no time limit)<input type="checkbox"/> Apartment<input type="checkbox"/> House<input type="checkbox"/> Other:	<ul style="list-style-type: none"><input type="checkbox"/> I pay 100% of the cost of my housing<input type="checkbox"/> I pay part of the cost of my housing and a friend, roommate, relative or partner pays the rest<input type="checkbox"/> I pay part of the cost of my housing, the government or a non-profit organization covers the rest<input type="checkbox"/> I do not pay for my housing<input type="checkbox"/> Other:	<ul style="list-style-type: none"><input type="checkbox"/> I live alone<input type="checkbox"/> I live with friends/roommates<input type="checkbox"/> I live with assigned roommates/housemates<input type="checkbox"/> I live with family (parents, aunts, uncles, or grandparents)<input type="checkbox"/> I live with family (romantic partner and/or children)<input type="checkbox"/> I live with just my child(ren)<input type="checkbox"/> I am currently homeless<input type="checkbox"/> Other:

Education History	
Are you currently in school or a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, for what?	
If yes, are you a full-time or part-time student? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
If yes, what type of education program are you currently in?	
<input type="checkbox"/> GED Program <input type="checkbox"/> Community College <input type="checkbox"/> University <input type="checkbox"/> Vocational, trade, or business program: _____ <input type="checkbox"/> Other: _____	
Last grade completed:	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No What year?	
If you didn't graduate, why did you stop attending school?	
Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you receive the GED?	
Did you attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
Course of study	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree held:	
Certificate held:	
Employment History (last two years)	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Employer:	Start Date: Stop Date:
Position:	Reason for leaving:
Employer:	Start Date: Stop Date:
Position:	Reason for leaving:

Please email your completed application to slp@tendergreens.com
Thank you!