



PHF # _____

Personal History Form

(Confidential)

Please fill out the information on the following pages All data contained in the History Form will be used only to help determine a candidate's qualifications for enrollment in a specified training program.

Name: _____

Date: _____

I found out about Top Toques Institute of Culinary Excellence through:

- | | | | |
|--|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> The Sign | <input type="checkbox"/> Flyer | <input type="checkbox"/> WSIB | <input type="checkbox"/> Employment Ontario |
| <input type="checkbox"/> A Newspaper _____ | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Referred by _____ | | | |

Feed Your Passion



PHF # _____

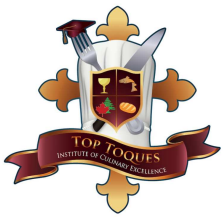
First Name:	Middle Name:	Last name:
Address:		City:
Postal Code:	Email:	
Telephone (C):	Telephone (H):	Telephone: <small>in case of emergency</small>
Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visitor's Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Other	Residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Renting <input type="checkbox"/> Live with Family <input type="checkbox"/> Other	Birth Date (mm/dd/yyyy):
		Number of Dependants:
Are you eligible to study in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Grade 12 or equivalent**? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers Licence: (optional)
Post Secondary Education	Employment Record	If not currently employed:
<input type="checkbox"/> Community College <input type="checkbox"/> University <input type="checkbox"/> Other	Present Employer:	Previous Employer:
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Description:
Name/Location:	Number of hours:	
Course Taken	Employed Since:	From: To:
Length:	Job Description:	Reason for Leaving:
Did You Graduate: <input type="checkbox"/> Y <input type="checkbox"/> N Year:		

References:

Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			
Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			
Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			

I would like to have follow-up communications by email.

I would like to receive promotional and other literature from Top Toques by email.



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CANDIDATE'S SELF – EVALUATION

I am interested in the _____ Program for the following reasons:

1.
2.
3.

My current position is:	<input type="checkbox"/> unfulfilling	<input type="checkbox"/> boring	<input type="checkbox"/> without a future	<input type="checkbox"/> satisfying & full of promise
I think that additional training:	<input type="checkbox"/> may help me in my current position	<input type="checkbox"/> assist me in starting a new career	<input type="checkbox"/> satisfy my curiosity	
I enjoy working for:	<input type="checkbox"/> the joy of it	<input type="checkbox"/> the income	<input type="checkbox"/> the sense of achievement	<input type="checkbox"/> getting me out of the house
Holding back my career is my:	<input type="checkbox"/> lack of ambition	<input type="checkbox"/> fear of success	<input type="checkbox"/> lack of training	<input type="checkbox"/> shyness
My best qualities are my:	<input type="checkbox"/> ambition	<input type="checkbox"/> dependability	<input type="checkbox"/> flexibility	<input type="checkbox"/> willingness to learn
I enjoy having responsibilities:	<input type="checkbox"/> all of the time	<input type="checkbox"/> some of the time	<input type="checkbox"/> hardly ever	
I make my own decisions:	<input type="checkbox"/> all of the time	<input type="checkbox"/> some of the time	<input type="checkbox"/> hardly ever	
I believe that people succeed in their careers due to their:	<input type="checkbox"/> training	<input type="checkbox"/> goal-setting	<input type="checkbox"/> love of the job	<input type="checkbox"/> personal contacts
I learn best with:	<input type="checkbox"/> reading on my own	<input type="checkbox"/> interacting with others	<input type="checkbox"/> guidance from the instructor	<input type="checkbox"/> memorising
I best enjoy:	<input type="checkbox"/> working on my own	<input type="checkbox"/> working with others		
I have spare time:	<input type="checkbox"/> to read	<input type="checkbox"/> to watch television	<input type="checkbox"/> to play sports/pursue hobbies	<input type="checkbox"/> what spare time?
When faced with a problem I:	<input type="checkbox"/> solve it on my own	<input type="checkbox"/> solve it with input from others	<input type="checkbox"/> wait for it to solve itself	



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<i>For Office Use Only</i>			
Interviewed by:		Date of Interview:	
Entry Test Completed	Yes () No ()	Entry Test Score:	
Report:			
<input type="checkbox"/> Accepted			
<input type="checkbox"/> Recommended Program			
<input type="checkbox"/> Start Date			
<input type="checkbox"/> Registration Date		Contract #:	
<input type="checkbox"/> Not Accepted at this time			
<input type="checkbox"/> Follow - up			
