



Metropolitan Community College
**INSTITUTE FOR THE
 CULINARY ARTS**



Hall of Fame Inductee Resume

Name of person completing this form and Phone #: _____

Candidate _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone number: _____ **Work:** _____ **Cell:** _____

E-mail address: _____

Years worked in the Food Industry:

Date of Birth: _____ **Place of birth:** _____

Spouses name: _____

Number of children: _____

If candidate deceased, date of death: _____

Education:

High School: _____

College: _____

Degrees: _____

Vocational: _____

Apprenticeship: _____

Affiliations:

1. _____
2. _____
3. _____
4. _____
5. _____

Employment History:
Place of Employment

Position

From

To

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Certifications: _____

Accomplishments, achievements, recognitions, volunteer work, and contributions to the industry and the community:

Describe your professional history:

