

Education and Employment History

HIGHEST LEVEL OF EDUCATION

College/Professional School: _____
City: _____ State/Province _____ Country: _____
Degree: _____ Major: _____

Dates: From _____
To _____

1. EMPLOYMENT HISTORY *(begin with most recent)*

Former Employer/Business Name: _____
Please give a brief statement about this employer's business: _____

Address: _____
Contact Person: _____
Your Title: _____
Responsibilities: _____

Dates: From _____
To _____

2. Former Employer/Business Name: _____
Please give a brief statement about this employer's business: _____

Address: _____
Contact Person: _____
Your Title: _____
Responsibilities: _____

You may wish to attach a resume or a separate sheet with additional employment history.

Experience

Years of experience in the foodservice/hospitality industry: _____
Years of experience as a foodservice consultant: _____
Years of experience as a foodservice consultant with total project management responsibility: _____

Endorsements

As defined by the FCSI The Americas governing documents, applicants for Senior Associate membership are required to obtain an endorsement from a Professional member of FCSI who is not a partner, co-worker, employer or employee of the applicant. When possible, applicants should secure endorsements from Professional members within their own area of focus (MAS applicants obtain endorsements from MAS Professional members and design applicants obtain endorsements from Professional members who specialize in design), or the applicant may secure an endorsement from a Professional member with whom they have previously worked on a project. In the event that the applicant can not secure an endorsement, he/she will be interviewed by two members of the Membership Committee.

Please choose one of the options below:

Name of Endorser:

Endorser must be a current FCSI Professional member in good standing who is not your partner, co-worker, employer or employee

I am unable to secure an endorsement - please arrange for an interview

Client references must be based on assignments undertaken as an independent consultant.

PROJECT/CLIENT REFERENCE # 1

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact person on this project: _____

Title: _____

Office Phone: _____ Mobile Phone: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

Describe the scope of work and services you provided: _____

PROJECT/CLIENT REFERENCE # 2

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact person on this project: _____

Title: _____

Office Phone: _____ Mobile Phone: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

Describe the scope of work and services you provided: _____

PROJECT/CLIENT REFERENCE # 3

Assignment/Project Name: _____

Client Firm: _____

Client's Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact person on this project: _____

Title: _____

Office Phone: _____ Mobile Phone: _____ E-mail: _____

Type of Project: _____ Date Completed: _____

Describe the scope of work and services you provided: _____

Consulting Services Offered

PLEASE CHECK ALL SERVICES THAT YOU PROVIDE:

- Accounting & Financial Controls
- Alcohol Licensing
- Business Strategy
- Concept Development
- Contract Management
- Dietary & Nutrition
- Distribution & Procurement
- Energy & Environment
- Finance Raising/Corporate Finance
- Food Safety & Hygiene
- Food Service Merchandising
- Franchising
- Human Resources
- Information Technology
- Interior Design
- ITT (Catering Business)
- Kitchen Design
- Laundry Design
- Litigation Support/Expert Witness
- Management Recruitment & Development
- Marketing & Promotion
- Menu & Recipe Development
- Operating Procedure & Systems
- Operations Review
- Quality Management
- Sustainability
- Training
- Other _____

Market Segments

WHAT TYPES OF PROJECTS DO YOU HANDLE?

- Airport Facilities
- Amusement & Theme Parks
- Armed Forces
- Branded Concepts
- Business & Industry Foodservice
- Casinos
- Clubs
- Colleges/Universities
- Convenience Stores
- Correctional Facilities/Prisons
- Cruise Lines
- Family Restaurants
- Fast Casual
- Fine Dining
- Government Services
- Hospitals/Healthcare
- Hotels/Motels
- In Flight Catering
- Leisure Facilities
- Museums/Performing Arts Venues
- Primary & Secondary Schools
- Quick Service Restaurants
- Residential Care
- Resorts
- Retail
- Sports Arenas
- Supermarkets
- Tourism
- Transport
- Other _____

Acknowledgment

I agree that all information given FCSI is complete and correct. I further agree to provide additional information if requested by FCSI. I shall conduct my activities in accordance with FCSI's objectives, bylaws, and Code of Ethics and Professional Conduct. I further waive and release all claims, demands and actions that I now or in the future may have against FCSI, its officers, directors, members and management company for any act or omission in granting or denying my membership in FCSI.

I hereby acknowledge that I qualify, to the best of my understanding, for the membership category for which I am applying, as defined by the FCSI governing documents.

Signature _____ Date _____

Dues

FCSI Associate Membership is recorded in the name of the individual. The FCSI dues year begins January 1. Dues may be pro-rated the first year based on the month your membership is approved. A non-refundable processing fee is due with the application. All payments must be in U.S. dollars.

Application Fee: \$200 due with application

includes your Industry Knowledge Exam testing fee when you upgrade to Professional Membership

Senior Associate Membership Dues: \$490 annually

Method of Payment for Application Fee and Year One Dues

Check (included – make payable to FCSI The Americas)

Credit Card (please check one): Visa MasterCard American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV # _____