

# The Teaching Kitchen

## Application Process and Materials



### 1. Submit all Application Materials

**Application Form**

Please complete carefully and include professional references

**Employment Eligibility Verification (2 Forms)**

Acceptable forms: US Birth Certificate, Passport, Naturalization Certificate, Green (Alien Resident) Card, Work Permit, Driver's License/ID, Social Security Card

**Proof of Residency**

Acceptable forms: Driver's License with current address or a utility bill with current address

**Proof of Family Income and Size**

Most recent paystubs, DTA letter, 1040 form, or Unemployment Insurance (U.I.) statement (If you receive more than one, please submit copies of each one.)

### 2. Adult Basic Education Assessment

This reading and math assessment is scheduled 1-2 times per week during the application period. You will be assigned a date and time to take the assessment after you have submitted all application materials (see above).

### 3. Interview

Qualified applicants will receive interviews after completing the application and assessment. Applicants may be requested to return for a second interview.

### 4. Notification of Acceptance

All applicants will be notified by mail 1-2 weeks prior to the class start date if they have or have not been accepted into the Teaching Kitchen. Failure to complete all the above steps will prevent you from being considered for the Teaching Kitchen program.

| 2015 Class Dates                     |                                    |
|--------------------------------------|------------------------------------|
| Application Deadline                 | Class Start Date                   |
| Tuesday, June 23 <sup>rd</sup>       | Monday, July 6 <sup>th</sup>       |
| Thursday, September 17 <sup>th</sup> | Monday, September 28 <sup>th</sup> |

Please contact Allison Sequeira  
617.522.7777 ext. 206 or [allison@servings.org](mailto:allison@servings.org)

**KEEP THIS PAGE FOR YOUR RECORDS**



**COMMUNITY SERVINGS**  
DELIVERING MEALS. DELIVERING HOPE

**Food Service Job Training Program  
Application**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
*Last First Middle Initial*

Mailing Address \_\_\_\_\_  
*Street Address, Apt. No., or P.O. Box City State Zip Code*

Residential Address \_\_\_\_\_  
*Street Address, Apt. No., or P.O. Box City State Zip Code*

Telephone ( ) \_\_\_\_\_ Email address (please write clearly) \_\_\_\_\_

Date of Birth \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Community Servings relies on multiple funders to support our programs. The following questions help us to gather the necessary information to continue to provide the best services possible.

**Housing:** Permanent  Transitional  Shelter  Residential Program  Homeless  Other

**Gender:** Male  Female  Transgender  Other

**Race (please select as many as applicable):**

White/Caucasian  Black or African American  Asian  American Indian/Native Alaskan   
Native Hawaiian/Pacific Islander  Other

**Hispanic or Latino/a:** Hispanic or Latino/a  Not Hispanic or Latino/a  Unknown/Unreported

Please answer the following questions by checking “yes” or “no” in the boxes provided.

| Are you...   | Yes | No |
|--|-----|----|
| 1. Currently working?<br>a. If yes, is it<br>Less than 20 hrs/week <input type="checkbox"/><br>At least 20 hrs/week <input type="checkbox"/> |     |    |
| 2. A U.S. veteran?   |     |    |
| 3. Disabled?   |     |    |
| 4. Authorized to work in the U.S.?   |     |    |
| 5. A single parent?  |     |    |
| 6. A client of the Mass Rehab Commission (MRC)?  |     |    |

Please list all current sources of income:

| Type of Income              | Yes | No | Estimated Monthly Amount |
|-----------------------------|-----|----|--------------------------|
| Employment Income (Job)     |     |    |                          |
| DTA Cash Benefits (TAFDC)   |     |    |                          |
| Food Stamps (SNAP)          |     |    |                          |
| SSI/SSDI                    |     |    |                          |
| Unemployment Insurance (UI) |     |    |                          |
| Other:                      |     |    |                          |
| <b>Total</b>                |     |    |                          |

**EMPLOYMENT HISTORY**

Please list your two most recent jobs and attach resume if you have one.

|  |
|--|
| Company name   |
| Job Title  |
| Employment Dates:<br>From: _____ To: _____                                   |
| Wages: Hourly, Weekly, Biweekly (circle one)      Hours per week:<br>Amount: |

|  |
|--|
| Company name   |
| Job Title  |
| Employment Dates:<br>From: _____ To: _____                                   |
| Wages: Hourly, Weekly, Biweekly (circle one)      Hours per week:<br>Amount: |

**PROFESSIONAL REFERENCES**

Please supply at least one (1) professional reference that we may contact. (This can be a prior supervisor, employer, case manager, or someone else who can talk about your employment skills.)

|                    |                      |                           |              |
|--------------------|----------------------|---------------------------|--------------|
| 1. Name and Title: | Relationship to you: | Company Name and Address: | Telephone #: |
| 2. Name and Title: | Relationship to you: | Company Name and Address: | Telephone #: |

**EDUCATION**

| SCHOOL                     | NAME/LOCATION | COURSE OF STUDY | LEVEL COMPLETED | GRADUATION /DEGREE |
|----------------------------|---------------|-----------------|-----------------|--------------------|
| High School                |               |                 |                 |                    |
| Trade or Vocational School |               |                 |                 |                    |
| College/University         |               |                 |                 |                    |
| Other                      |               |                 |                 |                    |

**REFERRAL INFORMATION**

Have you ever been a Community Servings Volunteer? Yes  No

How did you hear about The Teaching Kitchen?

- Program/Agency  
 Posting  
 Friend/Family  
 Community Servings Staff  
 Career Center  
 Other (please specify) \_\_\_\_\_

Referral Name: \_\_\_\_\_ Title: \_\_\_\_\_

Referral Phone: \_\_\_\_\_ Referral Email: \_\_\_\_\_

Referral Agency/Program: \_\_\_\_\_

**PERSONAL STATEMENT:** PLEASE ANSWER THE QUESTIONS USING ALL OF THE SPACE PROVIDED.

1. Please describe your job search over the past 6 months. Be as specific as possible include websites and specific jobs. Please bring your work search log if you have been completing one for unemployment.

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2. What do you hope to gain from this program? (i.e. skills, employment prospects, knowledge, experience)

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3. Where do you hope to be in six months? (i.e. type of job, further education, steady work)

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4. Describe any experiences you have had that would be relevant to the food service industry?

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**PHYSICAL REQUIREMENTS FOR ALL TRAINEES**

Trainees must be able to perform the following:

- Lift and/or move up to 40 pounds
- Specific vision abilities required include Close vision and Peripheral vision
- Ability to stand (up to 100% of the time) and walk
- Must be able to use hands to finger, handle, or feel; reach with hands and arms; stoop, kneel, crouch, or crawl
- Must be able to talk and hear

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ (**Print name**), agree to provide and/or release employment and educational information to Community Servings and its funders.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_