



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.

2017 Class Dates	
Application Deadline	Class Start Date
Wednesday, December 16 th	Thursday, January 5 th
Wednesday, March 16 th	Monday, April 3 rd
Wednesday, June 21 st	Thursday, July 6 th
Tuesday, September 12 th	Tuesday, October 3 rd

Questions? Please contact Allison Sequeira at allison@servings.org or 617-522-7777 ext. 206

Return applications by fax 617-657-1915 or in person or by mail to Community Servings, 18 Marbury Terrace, Jamaica Plain, MA 02130 (right behind the Stony Brook T stop)

KEEP THIS PAGE FOR YOUR RECORDS

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? a. If yes, is it Less than 20 hrs/week <input type="checkbox"/> 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:			
Total			

EMPLOYMENT HISTORY

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

Company name		
Job Title		
Employment Dates:		
From:	To:	
Wages:	Hourly, Weekly, Biweekly (circle one)	Hours per week:
Amount:		

Company name		
Job Title		
Employment Dates:		
From:	To:	
Wages:	Hourly, Weekly, Biweekly (circle one)	Hours per week:
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.

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

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

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

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: _____