



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. The goal is to pass at least a 4th grade level on the test.

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 phone 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.

2020 Class Dates

Application Deadline	Class Dates
October 31, 2019	November 12 th 2019 – February 12 th 2020
January 16, 2020	February 3 rd – April 23 rd , 2020
March 4, 2020	March 23 rd – June 10 th 2020
April 22, 2020	May 11 th – July 22 nd 2020
June 17, 2020	July 6 th – September 16 th 2020
August 20, 2020	September 8 th – November 19 th 2020
September 16, 2020	October 5 th – December 17 th 2020

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, 179 Amory Street, Jamaica Plain, MA 02130 (right behind the Stony Brook T stop)



The Teaching Kitchen 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? 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: _____