



The Teaching Kitchen Application Process

1. Attend Teaching Kitchen info session & kitchen tour

*currently not required due to Covid-19 restrictions

2. Submit application (fully completed!)

Applications may be submitted in any of the following ways:

- Fax to 617-657-1915
- Email to allison@servings.org
- Mail or drop off at Community Servings, 179 Amory Street, Jamaica Plain, MA 02130

2. Interview at Community Servings

Qualified applicants will be scheduled for an interview after submitting a completed application. Applicants may be requested to return for a second interview.

3. Notification of Acceptance

All applicants will be notified of their status by phone 1-2 weeks after attending their interview.

4. Formal intake for accepted applicants

The following eligibility verifications must be brought to the intake appointment:

- 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 or Mass ID with current address, bank statement or utility bill with current address, letter from shelter, residential program, DTA, etc.
- Proof of Family Income and Size**
Most recent paystubs, DTA letter, SSI/SSDI letter, 1040 form, or Unemployment Insurance (U.I.) statement (If you receive more than one, please submit copies of each one)

Questions? Please contact Allison Sequeira, Teaching Kitchen Program Manager, at allison@servings.org or 617-522-7777 ext. 206



COMMUNITY
SERVINGS
FOOD HEALS

The Teaching Kitchen Application

Name _____ Date ____/____/20____
Last First Middle Initial

Residential Address _____
Street Address, Apt. No., or P.O. Box City State Zip Code

Mailing 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 Identity: Man Woman Non-Binary/Genderqueer Transgender Man

Transgender Woman Other

Race and Ethnicity (please select all that apply):

Black/ African American

Asian

Middle Eastern or North African

White

Hispanic/ Latino/ Spanish

European

Native Hawaiian/Pacific Islander

Other

American Indian/Native Alaskan

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

Are you...	Yes	No
1. Currently working?		
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 OR attach a resume if you have one.

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

Company name		
Job Title		
Employment Dates:		
From:	To:	
Wages: Hourly, Weekly, Biweekly (check 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:	Phone # or email:
2. Name and Title:	Relationship to you:	Company Name:	Phone # or email:

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

Referral Name: _____ Title: _____

Referral Phone: _____ Referral Email: _____

Referral Agency/Program: _____

PERSONAL STATEMENT: PLEASE ANSWER THE QUESTIONS USING 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?
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: _____