

STUDENT APPLICATION



Today's Date: _____

CONTACT INFORMATION

Legal Name:		Date of Birth:
Mailing Address:		Apartment/Unit #
City	State	ZIP
Phone	Alternate Phone	
E-mail Address:		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been enrolled in the program before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?		
What could hinder your ability to complete kitchen duties? (e.g. standing for 8 hours, lifting 30-50 lbs, crawling, bending, ect.)		

BACKGROUND

Are you currently residing in a shelter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What is your highest level of education?	Middle School <input type="checkbox"/>	Highschool <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/>
Do you have any regular ongoing appointments?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain:
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain:
Do you have any pending legal issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past 90 days have you engaged in the illegal use of drugs? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<ul style="list-style-type: none"> As part of the Community Kitchen drug testing policy you will be required to submit a drug screen test prior to entering the program. A positive drug screen test will result in a denied application. You also understand that if selected for the program you will remain drug free the entire 16 weeks. Should you test positive for a drug screen test during the program you will be dismissed. 		

REFERENCES

Case Manager:	Phone #:
Agency:	
Probation Officer:	Phone #:
Professional Contact:	Relationship:
Company:	Phone #:
Personal Contact:	Relationship:
How long have you known them?	Phone #:
May we contact these references? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT

* Please list the following information for your three most recent jobs. Include any work while incarcerated.

Employer

Job Title

Start Date:

End Date:

Responsibilities

Reason for Leaving

Employer

Job Title

Start Date:

End Date:

Responsibilities

Reason for Leaving

Employer

Job Title

Start Date:

End Date:

Responsibilities

Reason for Leaving

GENERAL ASSISTANCE

*The information below will only be used for the purposes of scholarship and funding opportunities

Number of people in your household:

Yearly household income:

Job Title

Start Date:

End Date:

Are you receiving any of these benefits? YES ☐ NO ☐AHCCCS ☐ Food Stamps ☐ Cash Assistance ☐ SSI ☐ Unemployment ☐

How long have you been receiving these benefits?

Amount?

ADDITIONAL INFORMATION

- **Community Kitchen is a second-chance program for low income adults that may have struggled in the past with substance abuse, legal troubles, poverty, and/or homelessness.**
- Any addition information about yourself, that you feel better qualifies you for this second-chance program (e.g. past substance abuse, physical health issues, mental health, ect.)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that if I am accepted into the program I will not be paid wages for work, but will receive the benefit of life skills classes, training, and job placement assistance.

If this application leads to enrollment into the program, I understand that I may be asked to take and pass a physical examination and/or have a doctors release to participate

If this application leads to enrollment into the program, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date