

**STUDENT APPLICATION**

**Community Kitchen is a 12 week job training culinary program, offered by St. Mary's Food Bank Alliance. Our mission is to empower disadvantaged adults to achieve greater self-sufficiency through job training, personal development, and employment in the food service industry.**

Please answer every question on the application, or indicate if it does not apply.

PROGRAM ELIGIBILITY REQUIREMENTS		APPLICATION PROCESS	
Please mark an "X" next to the requirements you <b>meet</b> to participate in this program.		Candidates who meet the program requirements must complete the following steps to be considered for the program:	
Currently facing a significant barrier to employment		<b>Step One:</b> Attend an information session, held every Wednesday at 10:00am at our training facility located at 3003 W. Thomas Rd., in the University of Phoenix Programs Center. Session is approximately one hour, and is mandatory.	
18 years of age or older		<b>Step Two:</b> Submit a fully completed application along with a copy of a valid driver's license, passport, or photo I.D. Submit a written essay on why you believe you are a good candidate for the program and why you qualify.	
Authorized to work in the United States		<b>Step Three:</b> Selected candidates will be invited to an interview with a Community Kitchen staff member.	
Able to pass a drug test		<u>Once the above steps have been completed we will:</u>	
Do not have arson or sexual offense on criminal record		<b>Accept:</b> Accepted applicants will be notified in writing regarding their enrollment date, orientation information, and next steps.	
Agree to drug test and random testing throughout program		<b>Wait List:</b> If no openings are available for the next upcoming class applicants will be placed on a wait list.	
Agree to background check		<b>Declined:</b> Applicants will be notified in writing if they were not selected for the program and provided with other resources.	
Have sincere enthusiasm and interest for the food service industry			
Living in a stable living environment i.e. shelter, own/rent			
Able to attend classes Monday- Friday from 7am – 3pm			
Able to arrive to classes on time and prepared for the day			
Able to engage in regular, steady employment in the food service industry upon completion of the program			
CONTACT INFORMATION			
Legal Name:		Date of Birth:	
Mailing Address:		Apartment/Unit:	
City:	State:	Zip:	
Phone:	Alternate Phone:		
E-mail Address:	PREFERRED CONTACT METHOD: <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> CM or PO		
Case Manager:	Case Manager phone number:		
Probation/Parole Officer:	Probation/Parole Officer phone number:		
REFERRAL SOURCE			
Where did you <b>first</b> hear or read about the Community Kitchen program?			
Name of agency or CK graduate/student that referred you:			

**JOB FUNCTIONS**

To perform successfully, a trainee must be able to perform each essential responsibility, competency and function satisfactorily. The basic requirements listed below are representative of the knowledge, skills, and/or abilities required in the food service industry. Please confirm your ability to perform the essential functions listed below by indicating a yes or no answer.

	Yes	No
Frequently stand for a minimum of 8 hours a day		
Frequently walk for a minimum of 8 hours a day		
Frequently sit for a minimum of 8 hours a day		
Frequently use hands and fingers to handle objects, tools or controls		
Frequently reach with hands and arms to obtain items overhead or below		
Frequently stoop, kneel, crouch, squat, bend and/or crawl for a minimum of 8 hours a day		
Occasionally lift, carry, pull, push, and/or move up to 30 pounds		
Frequently talk, respond and engage in group conversation		
Frequently hear and comprehend conversation or instruction with lots of background noise		
Willingness to taste food from cooking demonstrations, recipes, etc.		
Frequently listen to and comprehend oral presentation for extended amounts of time		
Occasionally take written notes during class or presentations		
Frequently read and comprehend written information and instruction on your own		
Occasionally apply basic reading and math knowledge (addition, subtraction, multiplication, division)		
Occasionally work in extreme cold and/or extreme heat conditions		
Frequently work in limited confined spaces for a minimum of 8 hours		
Frequently work around exposed fumes, airborne particles or toxic chemicals		
Frequently work near moving mechanical parts that may cause injury		

**Please answer the following questions by indicating a yes or no answer.**

	Yes	No
Are you able to pass a drug-test?		
Currently or in the past 90 days have you experienced a violent outburst?		
Currently or in the future will a pending legal issue potentially impact your ability to get a job or interfere with the class days and times?		

**Have you ever applied to Community Kitchen in the past?**

If you have applied previously, please note if you were accepted or denied, when you applied, and if accepted, why you did not graduate:

**DISCLAIMER AND SIGNATURE**

I certify that the information in this job function worksheet is true and correct to the best of my knowledge. I understand that falsification of any information can lead to my disqualification or termination from the Community Kitchen program. Further, I understand that any such misrepresentations by me are grounds to reject my application.

Print Name:

Date:

Applicant Signature:

## WORK HISTORY

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

➤ Name of Employer:		Job Title:	
Start Date:	End Date:	Pay or Salary:	
Job Responsibilities:			
Reason for leaving:			
➤ Name of Employer:		Job Title:	
Start Date:	End Date:	Pay or Salary:	
Job Responsibilities:			
Reason for leaving:			
➤ Name of Employer:		Job Title:	
Start Date:	End Date:	Pay or Salary:	
Job Responsibilities:			
Reason for leaving:			

If you have been employed in the food service industry before provide details of your experience. This may include any experience while incarcerated:

## MEDICAL HISTORY

If you are currently taking medication or have in the past 90 days and experienced drowsiness and/or dizziness, please explain how this will affect your ability to participate in the program and successfully gain employment?

If you indicated that you are unable to perform any of the functions on the *Job Function Worksheet*, please explain how you will plan on performing those required duties while in the program?

If you have struggled with substance abuse in the past, how have you maintained your sobriety?

**Community Kitchen is a program designed to help adults who face barriers to employment. Please share information related to your barriers and qualifications for this program.**

If you have been convicted of any criminal charges please list convictions along with dates:

If you indicated that you are not able to attend class regularly Monday – Friday from 7am to 3pm, please explain why:

If you indicated that you cannot arrive for class on time and prepared for the day, please explain why:

If you have a pending legal issue that may impact your ability to get a job or interfere with the class days and times, please explain:

If you do not currently have a stable place to live, what is your plan for finding stable housing?

Do you feel that you may need additional resources if you are enrolled in the program? If so, please explain:

**PROGRAM ACKNOWLEDGEMENT**

\*By initialing next to each requirement you agree that you understand the statement.

I understand that Community Kitchen is a drug free program and that I will be subject to a drug screen test prior to admission and random without notice throughout the program.

I understand that I must be willing to accept instruction from instructors/staff and complete work as assigned to me with a positive attitude.

I understand that I must have a willingness to confront my personal challenges and/or barriers to achieve employment and greater self sufficiency.

I understand that my own personal success in achieving greater self-sufficiency will depend on my own motivation and I will be expected to participate in all aspects of the program.

I understand that Community Kitchen is an employment training program and I will not get paid for attending. By participating, I'm committed to gaining employability skills and to actively participate in job search.

I understand that Community Kitchen will assist each student with job development skills and career guidance. However, Community kitchen does not place individuals in employment and does not guarantee employment.

**DISCLAIMER AND SIGNATURE**

I certify that the information in this job trainee application is true and correct to the best of my knowledge and that I meet the minimum application criteria. I understand that falsification of any information in this application can lead to my disqualification or termination from the Community Kitchen program. Further, I understand that any such misrepresentations by me are grounds to reject my application. I hereby authorize Community Kitchen to thoroughly investigate my references, work history, experience, education, criminal background, or other matters related to my application. I hereby fully and completely release Community Kitchen, their respective directors, employees, and agents, and all other persons from all claims or liabilities arising out of, or in any way related to, such investigation or disclosure.

Applicant Signature:

Date:

**BACKGROUND CHECK RELEASE**

**By signing below, I agree to allow Community Kitchen to conduct a criminal history search. I understand that failure to disclose criminal convictions can be grounds for being denied enrollment.**

Applicant Signature:

Date:



Has violence ever made an impact in your life? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you financially able to attend college at this time? YES  NO

What other options do you have if you do not get into the Community Kitchen program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were your plans before you found out about the Community Kitchen program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you support yourself? If you receive income, please list the source (SSI, Pension, Tribal, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan on supporting yourself for the four months you are in the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employability Assessment

Students Name: \_\_\_\_\_ Todays date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

### Employment History and Current Employment-Focused Activities

1. What did (do) you like about having a job? \_\_\_\_\_
2. How often are you looking for employment? \_\_\_\_\_
3. What type of employment are you looking for? \_\_\_\_\_
4. What other job skills do you have that would help you in your job search? \_\_\_\_\_
5. Do you have a current Resume? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Of the jobs that you have had, which could you do again? \_\_\_\_\_
7. What volunteer work have you done in the past? \_\_\_\_\_
8. What have you done to earn extra money? \_\_\_\_\_
9. Mark any activities that you are currently involved in (check all that apply):

Volunteer (name of business, organization, etc): \_\_\_\_\_

Location: \_\_\_\_\_

On-the-job Training (specify): \_\_\_\_\_

Location: \_\_\_\_\_

Job Searching

One-Stop Classes (Readiness, resume writing, ect): \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

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## Employability Assessment (Continued):

10. How do you usually get to and from appointments? \_\_\_\_\_
11. How would you get to work every day if you found a job today? \_\_\_\_\_
12. Do you have a valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, from what state? \_\_\_\_\_
13. What was the last grade you completed? \_\_\_\_\_  High School Diploma  GED  
 Some College Years: \_\_\_ Months\_\_\_  College Degree (specify): \_\_\_\_\_
14. Are you currently in school, a training program, taking language or GED classes? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If Yes, is it part time or full time? \_\_\_\_\_ Name and Location: \_\_\_\_\_  
b. What days do you attend? \_\_\_\_\_
15. What type of training have you completed? \_\_\_\_\_
16. What type of certifications or licenses do you have? \_\_\_\_\_
17. What other skills, experience or knowledge do you have that would help you get and keep a job? \_\_\_\_\_

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### Additional Information

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18. Do you or a family member at home have any physical or mental health issues that make it difficult for you to find and keep a job or remain in school? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. Name of family member: \_\_\_\_\_  
b. Describe health issue(s): \_\_\_\_\_
19. Is there anything preventing you from becoming employed that was not discussed? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_