



Triad Community Kitchen

A Program of Second Harvest Food Bank of Northwest NC

PROGRAM APPLICATION

Triad Community Kitchen is a program of Second Harvest Food Bank of Northwest, NC, which provides nutritious ready to heat meals to partner agencies feeding the hungry, provides culinary training and job placement for the chronically unemployed or underemployed.

Many participants in this program are facing or have faced barriers to employment, such as criminal records, drug addiction, homelessness and others. This program's focus is on overcoming those barriers. Having any of the aforementioned factors in your history will not adversely affect your eligibility for this program.

That being said, this program is about a new way of life and a new outlook on career possibilities. You cannot hope to succeed in this program nor can we hope to find you meaningful employment if you are still actively engaged in a lifestyle where you participate in criminal activity or drug use.

This program is an intensive eight week, five day a week, six to eight hour a day culinary training school. It will be rigorous, challenging, supportive and enormously rewarding. Please do not enter into this process half heartedly. You must be committed and motivated to succeed.

If you are ready to catch the passion for the culinary arts, please turn the page and begin!

All TCK applications must be submitted through Goodwill Industries of NWNC at 2701 University Pkwy. Winston Salem, NC 27115. (336) 724-3625.

You may wish to make an appointment with Rosa Williams when you submit your application so that she may conduct a brief interview with you.

Fee structure for TCK is \$80/class/student paid by referring agency. If funds are unavailable from referring agency, a Goodwill scholarship may be available also through Rosa Williams office. If Goodwill scholarship is unavailable, there will be a scholarship made available through the Triad Community Kitchen partners.



Triad Community Kitchen Culinary Job Training Program Application

M / F
Age _____

Phone: 336-784-5770
Fax: 336-784-7369

Session: _____
Date of Referral: _____
Referral Source: _____
Date of Interview: _____

TB: _____
DS: _____

Name: _____ DOB: _____ SS#: _____

Current Address: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Education

	Name	Dates	Completed Y or N?	Degree
High School			HS grad? Yes / No	GED? Yes / No
Vocational or Trade School				
College				
Other Special Training				

Subjects that you excelled in and/or enjoyed: _____

Subjects that you disliked or had difficulties in: _____

Work History

Please provide information on your current or most recent jobs. (Note: Food service experience is not a requirement for admission to the program.)

Are you currently Employed? Yes _____ No _____

please provide info about current or most recent employment below

Employer (Company Name): _____ Phone: _____

Address: _____

Position: _____ Duties: _____

Supervisor's Name: _____

Dates of Employment: From: _____ To: _____

Is this a full or part time position: FT _____ PT _____

Reason for leaving: _____

Do you receive any other type of financial assistance: Yes ___ No ___

If yes, please explain: _____

Approximately how much money did you earn last year? _____

Have you ever been terminated from a job for any reason: Yes ___ No ___

If yes, please explain: _____

Considering your current job or last place of employment, answer the following questions:

What do / did you like best about work: _____

What do / did you like least about work: _____

Have you ever had a negative experience at work with a supervisor or co-worker: **Yes** ___ **No** ___

If yes: please explain _____

Outcome: _____

If no: How would you handle a negative experience at work with a supervisor or co-worker?

What skills do you possess with regards to your past and present employment: _____

Medical / Legal In keeping with our mission, we ask that you disclose the following information:

Are you living in a transitional home, shelter, or any other social service program? _____

If yes, what program? _____

Are you involved in any type of drug or alcohol rehabilitation program? _____

If yes, what program? _____ Dates: _____

Have you been convicted of a misdemeanor or felony within the last ten (10) years? _____

If yes, please describe charge(s) and date(s): _____

Do you have any court cases pending? _____

If yes, please describe: _____

Name and phone # of caseworker/parole officer: _____

Are you under a doctor's care?: Yes ___ No ___ If yes, Name: _____

Are you currently taking any prescription medicine or any other medication? _____

If yes, what? _____

Do you experience any side effects such as drowsiness, dizziness, impulsiveness, etc.? _____

Do you have ANY physical limitations with regard to working in a kitchen? YES ___ / NO ___

If yes: please describe any & all physical limitations you may have: _____

Are you allergic to latex?: _____ (for example: latex food service gloves)

Do you have any food allergies?: _____ **If yes, to what?:** _____

What happens to you if you eat this food?: _____

Substance Abuse History

Do you currently use any type of alcohol or drugs: Yes _____ No _____

(If yes, please complete the chart below)

Have you in the past used any type of alcohol or drugs: Yes _____ No _____

(If yes, please complete the chart below)

What is your longest period abstaining from drugs or alcohol use?: _____

When was the last time you used drugs or alcohol?: _____

Are you currently involved in a self-help / support group: Yes _____ No _____

(If yes, please describe) _____

Type of Drug	Age of First Use	Frequency	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Depression / Suicide (optional)

How do you deal with the feelings of helplessness or depression: _____

Have you ever contemplated suicide?: Yes _____ No _____ Dates: _____

Did you just think about it or did you have a plan: _____

What was your plan: _____

Did you act upon it?: Yes _____ No _____

Please explain: _____

If you have had thoughts in the past, how do you feel now: _____

Do you have some one you can discuss these feelings with: Yes ___ No ___

Who: _____

Armed Forces

Are you a veteran of the Armed Forces?: Yes _____ No _____ Branch: _____

Dates Enlisted: From _____ To _____ Rank: _____

Type of discharge: Honorable _____ Dishonorable _____ Medical _____

Other (please describe): _____

I verify with my signature that to the best of my knowledge all of the information from pages 1 - 3 is correct and I authorize the TCK staff to confirm the information above (which may include contacting people mentioned in this application).

Signature

Date

PLEASE COMPLETE BACK PAGE➡➡➡

Job Skills Questionnaire

1. What kinds of food do you most like working with? _____

2. Which of the equipment in the kitchen are you most comfortable with? _____

3. What kinds of kitchen skills do you feel that you are best at? _____

4. Are you more productive during the night or during the day?

5. What shifts are you willing to work? _____

6. Do you work better on your own or with a team? _____

7. Are you more comfortable working on one project at a time or many projects going
on at
once? _____

8. What are your goals after graduating from this training program? _____

9. What are your strengths? _____

10. What are your weaknesses? _____

11. What would be your ideal job? _____

For Office Use Only

