



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. To that end, pre-program drug screening is conducted on the first day of each semester.

This program is an intensive ten week, five day a week, six 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!

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. Initial Completed applications

Our fee structure is administered through Forsyth Tech and usually involves no direct cost to the student however you must apply for Work Force Development or Impact funding at the React office at the Employment Security Council Building on Hanes Mill Road. If you are a client of a referring agency, there may be funding available for you through that agency. Be sure to check. Final registration must be done at Forsyth Technical Community College prior to beginning class. Contact our office at 336-397-7062 if problems arise with your application process.



Triad Community Kitchen Culinary Job Training Program Application

M / F
Age _____

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

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				

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?

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?: _____

I verify with my signature that to the best of my knowledge all of the information from pages 2 - 3 is correct and I authorize the TCK staff to confirm the information above.

Signature

Date