



A Project of The Freestore Foodbank's Rosenthal Community Kitchen

Complete this application accurately and neatly. The information provided here will be used by Community Kitchen staff to better understand each potential trainee's situation and needs. All information will remain confidential.

**Applications must include all documents (Police Report, Photo ID) and be properly filled out and completed.**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ SSN#: \_\_\_\_\_

Race: \_\_\_\_\_ Of Spanish/Hispanic/Latino Origin? Yes  No

Are you a U.S. citizen? Yes  No

**HOUSING STATUS:**

Own  Staying with Friend/Family  Homeless

Rent  Transitional Shelter  Other:

**ELIGIBILITY REQUIREMENTS:**

-All instruction for this program is conducted in English. Are you able to read, write and communicate in English proficiently? Yes  No

-Are you able to regularly perform required kitchen duties as assigned for a 7 hour day? Including but not limited to:

- Standing for long periods of time
- Ability to bend and lift a minimum of 50lbs Yes  No

-This program is 10 weeks long and **requires** attendance from 8:00AM- 3:00PM, Monday through Friday. Are you able to adhere to this schedule for the duration of the program?

Yes  No

If no, please explain: \_\_\_\_\_

-Can you remain drug free and sober for the length of the 10 week training program? Yes  No

-Are you currently low-income? Yes  No

-Are you currently unemployed? Yes  No

**ADDITIONAL INFORMATION:**

-How did you hear about the Cincinnati Cooks program?

Craigslist     Community Food Bank     Agency: \_\_\_\_\_

Facebook     Friend/Family     Other: \_\_\_\_\_

-Please write a brief paragraph explaining why you are interested in this program:

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

**EDUCATION:**

-Highest level of educational achievement: \_\_\_\_\_

-Other Special Training or Certifications: \_\_\_\_\_

-Do you have any prior food experience (e.g. employment, volunteer) or education?

Yes  No

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

**EMPLOYMENT HISTORY:** *(Please provide complete information on your last three jobs, starting with the most recent. Note: Food experience is not a requirement for admission into the Cincinnati Cooks program).*

Employer (Company Name): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Phone#: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer (Company Name): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Phone#: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer (Company Name): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Phone#: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**INFORMATION ON HOUSEHOLD, TRANSPORTATION & LIVING SITUATION**

-Do you have a secure place to live for the next 10 weeks while in the program? Yes  No

If yes, please specify where: \_\_\_\_\_

-Are you currently living in a transitional home or shelter? Yes  No

If yes, please specify where: \_\_\_\_\_

-Are you the head of your household? Yes  No

How many children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

If yes, how do you plan to maintain stable childcare during the program?

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

-Please indicate your intended source of transportation: \_\_\_\_\_

**SOCIAL SERVICES INFORMATION:**

-Do you have a Case Worker/ Case Manger? Yes  No

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

-Do you currently have a source of income? Yes  No

Please circle the source(s) of income you currently receive:

*Employment    Family Support    Unemployment    Social Security    Social Security Disability*

*Other (Please explain)* \_\_\_\_\_

-Are you currently receiving any of the following benefits or services? Yes  No

If yes, how long have you been receiving these benefits? \_\_\_\_\_

Please specify the amount you receive: \_\_\_\_\_

Please circle the source(s) of assistance you currently receive:

Food Stamps    Medicaid/AHCCCS    Cash Assistance    SSI    Unemployment Benefits

Other (Please Explain) \_\_\_\_\_

*The staff at Freestore Foodbank wants to help all those who are enrolled in the program become as healthy, independent, and self-sufficient as they can be. In order to help you achieve your goals, both personal and professional, we would like to better understand what areas we could help you with while enrolled in our program. Please circle any service(s) that we can help you with:*

Medical Care    Mental Health    Substance Abuse Treatment    Clothing    Dental Health  
Domestic Violence Services    Housing/Utility Services    Food Programs

**MEDICAL HISTORY AND INFORMATION:**

-Do you currently have a Primary Care Provider (i.e. doctor)?    Yes     No

If yes, please indicate your doctor's name and phone number on the following line:

\_\_\_\_\_

-Do you have any regular ongoing medical or behavioral health appointments?    Yes     No

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

\_\_\_\_\_

-Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you?    Yes     No

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

\_\_\_\_\_

-Are you currently taking any prescription medication?    Yes     No

If yes, please list the names and schedule taken: \_\_\_\_\_

\_\_\_\_\_

-Do you have any side effects, such as drowsiness, impaired motor skills, or impaired judgment when taking these medications?    Yes     No

-Are you currently or have ever been in any type of drug or alcohol rehabilitation program?

Yes     No

-Have you been diagnosed with Hepatitis A?    Yes     No

**BACKGROUND INFORMATION**

-Do you have a probation or parole officer? Yes  No

If yes, please indicate their name and phone#: \_\_\_\_\_

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-Do you have any court cases or legal issues pending? Yes  No

If yes, please describe and provide date: \_\_\_\_\_

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**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment in the program, I understand that false or misleading information in my application or during my interview may result in my release from the program.

If this application leads to enrollment in the program, I understand that I may be asked to take and pass a physical exam, drug and alcohol screening, have a TB test done, and/or have a doctor's release to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION ( AND REQUIRED DOCUMENTS) TO:**

Rosenthal Community Kitchen: Cincinnati COOKS!  
1141 Central Parkway  
Cincinnati, Ohio 45202

For more information, please call 513-482-7298 or email [BrittanySmith@freestorefoodbank.org](mailto:BrittanySmith@freestorefoodbank.org)