



CINCINNATI COOKS!

A Project of The Freestore Foodbank's Rosenthal Community Kitchen

Phone: 513-482-7298 **Fax:** 513-482-7532 **Email:** Sarah Veness at sveness@freestorefoodbank.org

All documents must be included with application:

1. STATE ID
2. POLICE RECORD (*dated no later than 6 months prior to application*)

Program Focus:

- Provide hands-on food service training in a commercial kitchen
- Provide assistance with resume building and job placement
- Provide nutritionally balanced meals to hungry children in the community
- Provide interview and job readiness training

Eligibility Requirements:

- Desire to work, or have a career in the food service industry
- Commitment to a 10-week program without interruption
- Childcare established prior to enrollment
- Must be 18 years or older
- Basic literacy skills (reading and math)
- Physical ability to perform duties (standing, lifting)
- Low income household
- No violent felonies within the last 7 years
- Remain clean and sober during the 10 week program

Program Specifics:

- 10 week program (Monday-Friday 8:00AM-3:00PM)
- Located at 1141 Central Parkway Cincinnati, OH 45202 (corner of 12th St. & Central Pkwy)
- Graduates will earn:
 1. *ServSafe Manager Certification (passing grade required)*
 2. *Certificate of Completion from Cincinnati COOKS!*
 3. *Eligibility to apply for COOKS 2nd Course Program*



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Complete this application accurately and legibly. 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

Date: _____

Name: _____ Male ___ Female ___

Email: _____ Phone Number: _____

Current Address: _____ DOB: ____ / ____ / ____

City: _____ Zip Code: _____ SSN#: _____

Race: _____ Of Spanish/Hispanic/Latino Origin? Yes No

Are you a U.S. citizen? Yes No Authorized to work U.S.? Yes No

INFORMATION ON HOUSEHOLD, TRANSPORTATION & LIVING SITUATION

Specify current housing Status:

- Own Staying with friend/family Homeless
 Rent Transitional shelter Other:

If in homeless or transitional shelter, please specify where: _____

Current Relationship status:

- Single Married Divorced Domestic partnership

Are you the head of your household? Yes No

How many children: _____ Ages of children: _____

How do you plan to maintain stable childcare during the program? _____

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: Yes No

- Standing for long periods of time, Ability to bend and lift a minimum of 50lbs

The 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

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to you: _____

Phone Number: _____

ADDITIONAL INFORMATION:

-How did you hear about the Cincinnati Cooks program?

Craigslist Community Food Bank Customer Connection Center, Freestore Foodbank

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

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: _____ Phone#: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer (Company Name): _____

Name of Supervisor: _____ Phone #: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer (Company Name): _____

Name of Supervisor: _____ Phone#: _____

Job Title: _____

Duties/Responsibilities: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____

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

If yes, 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 benefits or services? Yes No

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

Food Stamps Medicaid/AHCCCS Cash Assistance SSI Unemployment Benefits

Other (Please Explain) _____

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

Please specify the amount you receive: _____

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

BACKGROUND INFORMATION

Do you have a probation or parole officer? Yes No

If yes, please indicate their name and phone#: _____

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

If yes, please describe and provide date: _____

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

-Have you been diagnosed with HIV or Aids? Yes No

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, and/or have a doctor's or case managers release to participate.

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION (AND REQUIRED DOCUMENTS) TO:

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