



Culinary Job Training Program

Application Process

*Candidates may pick up an Application at DC Central Kitchen located at:
425 Second Street NW. 202 234-0707

Submitted Application Packet must include:

1. The application
 2. Referral form
 3. Recent (within the last year) TB Test
 4. Police clearance
 5. Picture identification
 6. Social security card.
- (We will make copies of ID and SS Card)

After submitting the application packet documents, we will pre-screen the applications and contact selected candidates to schedule the first interview. **It is important that you understand that not all applicants will be scheduled for the first interview.**

If the candidate successfully completes the interview, he/she will be scheduled to do a 5-day evaluation period in our main kitchen. Candidates will work in various food-production stations and will be evaluated on the following criteria:

- Punctuality
- Ability to follow instructions
- Speed
- Ability to focus
- Team work
- Attitude
- Entry Exam

If candidates receive favorable evaluations from the station chefs – meaning at least “GOOD” in each category, they will qualify for a 2nd interview. If the 2nd interview goes well, and candidates pass the drug screening, their application will be placed in a pool of eligible matches for enrollment.

DC Central Kitchen’s CJT Program receives over 70 applications during each enrollment period. The Culinary Job Training Staff will select 20- 25 candidates and place 5 candidates on a wait list. After the program start date, there is a 2 – week probationary period, in which candidates may withdraw. This is also a time for instructors to assess Candidates on their performance. During the probationary period, wait-list applicants may be enrolled to fill those spots within the first eight to ten days of the program.

The Wait List selection process is determined by the candidate most qualified to ***pick up and catch up*** – eight to ten days into the program.



Culinary Job Training Program

Eligibility Criteria

The applicant must:

1. Be at least 18 years of age.
2. Be available to be in class from 8:00 am to 5:00pm, Monday through Friday.
NO EXCEPTIONS.
3. Be curious, ready to learn, and able to complete all homework assignments.
4. Be interested and eligible to work full-time in a food service career.

If there is any reason that would prohibit you from working FULL-TIME, you will not be eligible.

5. Must not have any outstanding arrest warrants.
6. Must live in a stable housing environment.
7. Have **120 days drug free** before the first day of class and be willing to undergo random drug screenings throughout the training.
8. Be either unemployed or underemployed.
9. Be able to pass the culinary job training entry exam.
10. Be able to read, speak, and comprehend English in a fast paced environment.
11. Be able to see well enough to read at 2.5 feet with reasonable accommodations.
12. Be able to stand for a minimum of 8 hours with two 15 minute breaks and be able to lift 50 pounds with reasonable accommodations.
13. Be able to hear in a noisy environment with background noise from a distance of 20 feet with reasonable accommodations.

Please submit the following documents with your application:

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(We will make copies of ID and SS Card)

DC Central Kitchen, Inc's Culinary Job Training Program Application

1) GENERAL INFORMATION

Full Legal Name:

Last Name

First Name

Middle Name

Other names(s) if any: ----- Social Security No: ----- - -----

Date of Birth: ____/____/____ Age: ____ Gender: ____ Marital Status: ____

Current Address: ----- ZIP CODE: ----- WARD: -----

Mailing Address (if different): -----

Telephone: Home: ----- Cell: ----- Alternate: -----

Email address: -----

Race/Ethnicity* ----- Religious/cultural background* -----

Are you a United States citizen? Yes ___ No ___ * Optional

If no, are you legally entitled to work in the United States? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

If **no**, are you eligible to apply for one? Yes ___ No ___

Have you ever served in the armed forces? Yes ___ No ___

Do you have any foodservice experience? Yes ___ No ___

Explain Briefly:

A. Referral

How did you hear about DC Central Kitchen and the Culinary Job Training Program?

Have you received any services from DCKK before? Yes ___ No ___ If yes, when? -----

What are your uniform sizes? (Unisex sizes, S, M, L, XL, 2XL, 3XL, etc)

Pants: ----- Jacket: ----- Shoe size : -----

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B. Disability Status

Do you have a disability that substantially limits your employment activities? Yes ___ No___
(Examples: Mental Illness, Physical Disability, Substance Abuse, Developmental or Learning Disability)

What is your disability? _____

Have you applied for SSI? Yes ___ No___

Have you applied for SDDI? Yes ___ No___

Have you applied for IDA? Yes ___ No___

When? ____ / ____ / ____ Status of application: _____ (approved, pending, denied, etc)
Month / day / year

C. Housing

What is your current living situation?

- ☐ Street
- ☐ Emergency shelter (specify: _____)
- ☐ Shelter (specify: _____)
- ☐ Transitional housing (specify: _____)
- ☐ Halfway house (specify: _____)
- ☐ Residential treatment program (specify: _____)
- ☐ Own your own apt/ house
- ☐ Permanent subsidized housing
- ☐ Relative's home, Which relative: _____
- ☐ Friend / Other, Explain: _____

Please provide your emergency contact:

Name: _____ Telephone number: _____

Relation to you: _____

Do you have a secure place to live for the next 6 months? Yes ___ No___

If **no**, how long will you have secure housing and what is your plan for finding housing afterwards?

If staying in a residential program, when is your move-out date? ____ / ____ / ____

What is your plan for securing housing afterwards? _____

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D. Family/Children

Current Living Arrangements: __ alone __ living with someone __ married __ friends __ children

Please list the person(s) with whom you are currently living in the table below:

| Names | Relationship | Age |
|-------|--------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |

How many children do you have? _____ Do you have children **under** 18 years of age? Yes ___ No___

Are any of your children in your custody? Yes ___ No___ Are you a single parent? Yes _____ No _____

If not in your custody, why?

Do you plan to get them back? How? -----

How do you plan to maintain stable childcare during the program and while in full-time employment?

Do you have responsibility for other family members? (For example: An aging parent or a disabled relative)

If yes, please explain: -----

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E. Benefits / Income

Do you have any of the following sources of benefits, income, or a pending application? Please complete the chart below:

| TYPE OF INCOME | Check if you are receiving: | Amount: | REASON FOR RECEIVING: |
|---------------------|-----------------------------|---------|-----------------------|
| SSI/SSDI | | | |
| Social Security | | | |
| IDA | | | |
| Veterans Benefits | | | |
| Veterans Healthcare | | | |
| Food Stamps | | | |
| TANF | | | |
| Child Support | | | |
| Wages | | | |
| Medicare | | | |
| Medicaid | | | |
| Unemployment | | | |
| Other income | | | |

Do you have a bank account? _____ Yes _____ No

F. Public/Social Services:

Do you have a case manager or work with a program? ____ Yes __ No, Name: _____

What service agencies are you currently using in DC, MD, or VA? (Career Team, CSOSA, etc?) Please list the organizations you are currently working with:

2) PERSONAL HISTORY

A. Educational History

Please list the schools attended:

| Did you attend High School? Which one? | Did you receive a Diploma or GED? | Year graduated or obtained GED: |
|---|--------------------------------------|------------------------------------|
| | | |
| Any vocational training? | Type of Certificate: | Date you attended or received: |
| | | |
| Did you attend College? Which one? | Major or Degree received: | Dates attended or Graduated: |
| | | |

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B. Employment History

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, give firm name.

| | | | |
|--|---------------------------|--------------------------|-----------------------|
| <u>Name of Employer:</u> | <u>Supervisor's Name:</u> | <u>Employment dates:</u> | <u>Pay or salary:</u> |
| City, State, Zip: | | From: | Start: |
| Phone No: | | To: | Final: |
| Your last job title: | | | |
| Reason for leaving (be specific) | | | |
| | | | |
| | | | |
| List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|--|---------------------------|--------------------------|-----------------------|
| <u>Name of Employer:</u> | <u>Supervisor's Name:</u> | <u>Employment dates:</u> | <u>Pay or salary:</u> |
| City, State, Zip: | | From: | Start: |
| Phone No: | | To: | Final: |
| Your last job title: | | | |
| Reason for leaving (be specific) | | | |
| | | | |
| | | | |
| List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company | | | |
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| | | | |

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| | | | |
|--|---------------------------|-------------------------|----------------------|
| <u>Name of Employer:</u> | <u>Supervisor's Name:</u> | <u>Employment dates</u> | <u>Pay or salary</u> |
| City, State, Zip: | | From: | Start: |
| Phone No: | | To: | Final: |
| Your last job title: | | | |
| Reason for leaving (be specific) | | | |
| | | | |
| | | | |
| List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company | | | |
| | | | |
| | | | |

Give **details** of any food service experience you have had, including any experience while incarcerated, commercial food service experience, fast food, odd jobs, etc:

What was your favorite part of your last job and **WHY**?

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C. Legal History

Do you have any warrants, upcoming court dates or legal issues? Yes ___ No___

If yes, please explain:

Have you ever been convicted of a misdemeanor? Yes ___ No___ If yes, fill out the chart:

Misdemeanor Charge: Explain what happened/ what year: Were you incarcerated?
How Long?

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Have you ever been convicted of a felony? Yes ___ No___ If yes, fill out the chart:

Felony Charge: Explain what happened/ why: Were you incarcerated?
How Long?

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Are you on probation, parole or work release? Yes ___ No___

If yes, which? -----

☐ How long? -----

☐ How often/ What time? -----

☐ Contact name: -----

☐ Contact Telephone ----- - ----- - -----

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D. Health History

Do you have health insurance? YES _____ NO _____ WHAT KIND: _____
Medicaid, Medicare, etc?

Have you ever been diagnosed with any of the following?

- ___ Allergies
- ___ Asthma
- ___ Brain Injury
- ___ Cancer
- ___ Diabetes
- ___ Digestive Disorder
- ___ Epilepsy
- ___ Heart Disease
- ___ High Blood Pressure
- ___ High Cholesterol
- ___ Hypertension
- ___ Immune System Problems
- ___ Recurring Headaches
- ___ Seizures
- ___ Vision Impairment
- ___ Other, please explain: _____

Do you currently see a physician for any of the above concerns? Yes ___ No _____

If yes, please provide contact information for your doctor:

Name of clinic/ doctor address phone

Please list **ALL** medications you are currently taking & the reasons for taking them in the chart below:

| Medication and reason for taking it: | Dosage: | Dr. prescribing the drug: | Date you began taking this medicine: |
|--------------------------------------|---------|---------------------------|--------------------------------------|
| | | | |
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Have you ever been diagnosed with a mental illness? Yes ___ No ___
(EX: Depression, bi-polar disorder, schizophrenia, anxiety, or other)

If Yes, What is your Diagnosis? _____

Are you on medication? Yes ___ No ___ If Yes, how long have you been on medication? _____

Please remember to list medications on chart on page 8.

Are you currently on any medication that may cause drowsiness or side effects? Yes ___ No ___

If yes, explain: _____

List any allergies or issues that you have working with specific types of food:

E. Substance Use:

Have you ever used alcohol? Yes ___ No ___
If yes, please fill out the chart below:

Have you ever used illegal drugs? Yes ___ No ___
If yes, please fill out the chart below:

| Type of drug | How often used | How much used (| Date you used last: |
|--------------|----------------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you have a **history of alcohol &/or drug use**, How long have you been clean or sober?
What is your clean date?

Have you **ever** been in a drug or alcohol treatment program? Yes ___ No ___ (List programs below)

| Program Name: | Inpatient, Outpatient, or Residential? | Dates of attendance: | Did you Complete it? |
|---------------|--|----------------------|----------------------|
| | | | |
| | | | |

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If you have used alcohol and drugs in the past, **how have you maintained your sobriety?**

Do you attend meetings? Do you have a sponsor?

Do you currently use any illegal drugs? Yes ___ No___

Do you currently use alcohol? Yes ___ No ___

Does anyone in your family have a problem with alcohol, drugs, abuse, violent behavior, mental illness or anything else you would consider a problem? Yes ___ No ___

If **yes**, please describe:

Give an example of a stressful situation you have been in. How did you handle it?

What is your strategy to calm down if you get into an argument with a coworker/ friend, etc? What if you can't just "walk away"?

What is your support network? How do they help you in your day to day life?

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F. STRENGTHS ASSESSMENT

What do you see as your 2 best personal strengths? What skills will you bring to the training program?

What have been the main challenges in your life recently, **and how have you dealt with them?**

G. GOALS/EXPECTATIONS

Why are you applying to this training program? _____

What are your career goals?

What do you hope to get out of this program, and why is it important to you to get in?

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E. Program Requirements

Listed below are some of the Training Program requirements.
Please initial after each one if you agree to them.

- ☐ I understand that daily attendance is required. _____
- ☐ I understand that I am required to remain drug and alcohol free. _____
- ☐ I understand that I must be on time and prepared to stay the entire day. _____
- ☐ I understand that I must be willing to accept instruction and criticism from my instructors and supervisors, and complete the work that is assigned to me with a positive attitude. _____
- ☐ I understand that I must have a willingness to confront my personal challenges and/or barriers. _____
- ☐ I understand that I will be provided with a locker and a combination lock for my use while I am enrolled in the training program. _____
- ☐ I understand that DCCK is not responsible for damage, loss or theft of my personal property. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give D.C. Central Kitchen permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release D.C. Central Kitchen from any liability as a result of such contract.

I also understand that:

- (1) D.C. Central Kitchen has a drug and alcohol policy that provides for random and causal testing before and/or during the program;
- (2) I consent to and am in compliance with such policy at the time of my enrollment; and
- (3) My continued enrollment is based on the successful passing of testing under such policy.
- (4) I further understand that continued enrollment may be based on the successful passing of job-related physical examinations.

Applicant's signature: _____ Date: _____ / _____ / _____

Sponsor/ Service Provider's signature: _____ Date: _____ / _____ / _____

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I (Applicant/ Student), _____, do hereby authorize the DC Central Kitchen's Culinary Job Training Staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Culinary Job Training Program, and information provided in Personal Life Contract Sessions with staff to: (agency, case mgr, parole or probation officer) _____.

This release of information shall expire on one year of the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release the DC Central Kitchen and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

I (Applicant/ Student name), _____, do hereby authorize (agency, case mgr, parole or probation officer) _____ to release any and all information about professional services I have received from (agency, case mgr, parole or probation officer) since (date of service/relationship) _____, including but not limited to, records of appointments, diagnostic information, course of treatment to DC Central Kitchen for the purpose of _____.

This release of information shall expire in one year of date of signature on this form, unless revoked by me in writing at an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case mgr, parole or probation officer), _____ its officers, directors, and employees from any claims arising out of the release of the information described herein.

In addition, I hereby release the DC Central Kitchen and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

Applicant / Student Signature:

Date: _____ / _____ / _____

Culinary Job Training Staff's Signature:

Date: _____ / _____ / _____



Culinary Job Training Program

Community Agency Referral

Agency: _____

Address: _____

Office Telephone: _____ Fax: _____

Contact Name: _____ Title: _____

Email Address: _____

Cell: _____ Date of Referral: _____

Name of client referring to the CJT Program: _____

Why is the client currently under your care: _____

How long have you been working with the client? _____

How often do you communicate with the client? _____

How often do you meet with the client? _____

What agencies do you collaborate with for the betterment of the client? In what capacity?

1. _____

2. _____

What are the client's goals (short term/long term)?

1. _____

2. _____

What are the client's current challenges?

1. _____

2. _____

Reason for Referral: _____

What are the challenges you are having with the client? (if any)

1. _____
2. _____

DCCK is a training program, and will not take the place of any social service agency the client is/will be utilizing. Are you willing to maintain collaborative support (maintain an open line of communication, attend meetings, etc.) with DCCK to promote the overall well-being of the client?

Yes No

Are there any restrictions that would prohibit/interfere with the client's ability to participate Monday through Friday from 8:30am-4:30pm?

Yes No

If so, please specify the restrictions and include the times of day

1. _____
2. _____

Additional Enclosures:

- ☐ Summary of the client's psychosocial assessment
- ☐ Consent of release signed by client

Signature

Date