

Umbrella, Inc.  
THE CORNUCOPIA PROJECT  
125 Main St. #3  
Newport, VT 05855

**Staff Use Only**

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Accepted: \_\_\_\_\_ YES \_\_\_\_\_ NO

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

**KITCHEN TRAINEE APPLICATION**

**Personal Information**

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Is it ok for us to send you text messages? YES NO (Circle)

**Eligibility**

Have you participated in any Umbrella programs? (Circle) Advocacy Child Care R&R Supv. Visitation  
If yes, what year(s)? \_\_\_\_\_

Have you participated in any CJC programs? (Circle) Newport Reentry StJ Reentry Other: \_\_\_\_\_  
If yes, what year(s)? \_\_\_\_\_

Are you currently under the supervision of the Department of Corrections? YES NO (Circle)

Who referred you to this program? \_\_\_\_\_  
Name Agency/Organization Phone

When are you available to start the 17 week training? \_\_\_\_\_

What days or times of day are you not able to attend training? \_\_\_\_\_

Do you have a valid driver's license? YES NO (Circle) Car? YES NO (Circle)

Are you legally permitted to work in the Vermont? YES NO

Are you eligible for any of the following subsidies? (Circle) WIA/DOL VR CWS VSAC DON'T KNOW  
\*Trainees will be compensated for training according to the guidelines of the subsidizing agency

**Education & Training**

LEVEL	SCHOOL OR PROGRAM	HIGHEST GRADE/YR COMPLETED	DEGREE OR CERTIFICATE	COMPUTER LITERACY
High School				
College				
Special Training				
Special Training				
Special Training				

PLEASE TELL US ABOUT ANY KITCHEN EXPERIENCE OR SPECIAL SKILLS THAT YOU WOULD BRING TO THIS TRAINING PROGRAM: (use top of next page for more room)

**Physical Demands:** Please indicate your comfort level and experience in the following areas:

ACTIVITY	VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
Lifting up to 50 lbs	1	2	3	4	5
Standing for extended periods of time	1	2	3	4	5
Working in hot and cold environments	1	2	3	4	5

### Employment History

Please list your last three employers:

1. Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Job Title \_\_\_\_\_ Part Time Full Time (Circle) Pay \$ \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Job Title \_\_\_\_\_ Part Time Full Time (Circle) Pay \$ \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Job Title \_\_\_\_\_ Part Time Full Time (Circle) Pay \$ \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

### References

Please list three professional people as character references. You may list an advocate, caseworker or P.O. as one of your references.

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

## Certification

I certify that the information I have provided in this application is accurate and contains no false or misleading information. I have completed this application to the best of my knowledge and ability and I understand that any omissions, falsifications or misrepresentations may be cause for my application to be rejected or for me to be dismissed from the program.

---

Signature of Applicant

---

Date

---

Signature of person assisting applicant with this application

**Thank you and good luck! Please return your completed application with a cover letter to:**

Lynn Rublee  
Cornucopia Project Manager  
125 Main St. #3 (back of building entrance)  
Newport, VT 05855

For more information please email [lrublee@umbrellanek.org](mailto:lrublee@umbrellanek.org) or call 802-487-9380.