



125 Main Street #3 (rear entrance) • Newport, VT • 05855

Staff Use Only
Date received: _____
Date interviewed: _____
Accepted: ___ Yes ___ No
Start date: _____

KITCHEN TRAINEE APPLICATION

Date: _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____
Street Address City State Zip

Primary Phone: (____)_____ Alternate Phone: (____)_____ Email: _____

Referral & Eligibility

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

When are you available to start the 15 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 Do you have access to a legal, reliable car? YES NO

Are you legally permitted to work in the United States? YES NO

Are you eligible for any of the following subsidies?

**Trainees will be compensated for training according to the guidelines of the subsidizing agency*

DEPT. OF LABOR/WORKFORCE INVESTMENT ACT (DOL/WIA) VOCATIONAL REHABILITATION (VR)

CREATIVE WORKFORCE SOLUTIONS (CWS) VERMONT STUDENT ASSISTANCE PROGRAM (VSAC)

DON'T KNOW

Education & Training

Level	School or Program	Highest Grade Completed	Degree or Certificate
High School			
College			
Special Training			

Are you currently enrolled in another educational program? YES NO

If yes, please describe: _____

Are you comfortable working with a computer? YES NO



125 Main Street #3 (rear entrance) • Newport, VT • 05855

Skills & Experience

Please tell us about any kitchen experience or specials skills you would bring to this training program (use top of next page for more room):

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

<u>Activity</u>	<u>Very Low</u>	<u>Low</u>	<u>Moderate</u>	<u>High</u>	<u>Very High</u>
Lifting up to 50lbs.	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:

- Employer _____
 Job Title _____ Part Time Full Time
 Supervisor _____
 Dates of Employment _____ Hourly Wage \$ _____
 Reason for Leaving _____
- Employer _____
 Job Title _____ Part Time Full Time
 Supervisor _____
 Dates of Employment _____ Hourly Wage \$ _____
 Reason for Leaving _____
- Employer _____
 Job Title _____ Part Time Full Time
 Supervisor _____
 Dates of Employment _____ Hourly Wage \$ _____
 Reason for Leaving _____



125 Main Street #3 (rear entrance) • Newport, VT • 05855

References

Please list three professional references. **If you don't have one, you can list a caseworker or advocate.*

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
**If applicable*

Please return your completed application with a cover letter to:

Vaunne Masse
Cornucopia Program Manager
125 Main St. #3
Newport, VT 05855

For more information please email vaunne@umbrellanek.org or call (802)487-9380.