

The Kitchen of Grace

Apprenticeships in Culinary Training and Business Re-entry: A Social Enterprise



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“to act as a catalyst for peace and healing in the community by offering opportunities to hire and raise up indigenous leaders through apprenticeship programs in culinary training and”

Application for Program Acceptance

Name:

Date:

Statement of Confidentiality

All information submitted to Kitchen of Grace will be held in complete confidence and will not be shared with any external party unless the information is needed to assist in acceptance to the program. All information submitted is required to be current and accurate, to the best of the applicant's ability. Any incorrect, embellished or fraudulent information may be submitted to officials for investigation.

Kitchen of Grace is a highly diversified environment and will not tolerate any type of discrimination or harassment, of any type from Employees, Students, Vendors or Customers.

All Students are required to submit to random drug testing and must demonstrate progressive results to be permitted to continue the Program.

Welcome to The Kitchen of Grace!

The Kitchen of Grace is a workforce development providing training for work in the Hospitality industry. Our Hospitality training program consists of 14 total weeks that include: Classroom training, training in a live, operating Café and an internship program with one of our Partners where our Students are given the opportunity to learn in a real-life environment.

At The Kitchen of Grace, we teach culinary and workplace skills and focus on attitudes and behaviors that will improve lives both on and off of the job. We make every effort to work with our Student but ultimately, the success of a Student is up to them.

Successful Kitchen of Grace Students will demonstrate a willingness to learn and to be coached about life skills as well as culinary skills, understand that being teachable is a huge key to success and that attitude counts...in a big way!

We encourage our Student to take a close look at their behaviors that may 'Get in the way of a new life' such as drinking, drug use and self-defeating patterns that prohibit them from reaching their goals. In exchange, behavioral changes are taught, coached and encouraged to help break the old patterns.

If accepted into the Program, our Students are required to participate, follow the rules and demonstrate a desire to build a successful future.

The Application Process and Checklist

****Please note****

Applications are provided and accepted only by (Michael & Lateresa Blackwell) at Café on the Corner

Applications must be filled out completely by, signed by and submitted by the actual Applicant!

When submitting this completed Application, please bring the required information and be considerate of the following:

What to bring

_____ This Application
_____ Valid Driver's License or State ID
_____ Social Security Card
_____ Birth Certificate

Other notes

_____ Dress professionally
_____ Always be on time for an appointments
_____ Be respectful at all times

Personal Information

Name: _____ Date: _____

Social Security # _____ DOB: ____/____/____ Age: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

State: _____ Zip: _____ Email: _____

Parental/Guardian Information

Mother:

Father:

Name: _____

Name: _____

Address: _____

Address: _____

Cell phone: _____

Cell phone: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Current Education and Employment Information

Education

High School Diploma? Yes___ No___

In 'No' Grade level Completed _____

GED – are you enrolled? Yes___ No___

School Name: _____

City/State: _____

Employment

Are you employed? Yes ___ No ___

If 'Yes, for how long? _____

If employed:

Company: _____

Supervisor: _____

Position: _____

Is this the first time you have applied or enrolled at The Kitchen of Grace?

If yes, when? _____ Why did you leave:

Family and/or Housing Situation

Married? Yes ___ No ___

Do you have any children? Yes ___ No ___

How many children do you have and what are their ages?

Who Provides childcare when you are not able to? _____

Number of people living with you: _____

How long have you lived at your current address? _____

Where did you live before and for how long? _____

Do you have a Medical card? Yes ___ No ___

Legal information

Do you have a criminal record Yes ___ No ___

Have you been convicted of a felony? Yes ___ No ___

List felonies: _____

Do you have an outstanding Warrant(s)? Yes ___ No ___

What is the Warrant for? _____

Are you currently on Probation Yes ___ No ___ Are you currently on Parole? Yes ___ No ___

What are you on Probation or Parole for? _____

At what number may we contact your probation or Parole Officer? _____

Medical Information

Do you take Medication? Yes ___ No ___

List any medication names and daily dosage: _____

What foods are you allergic to? _____

What factors may prevent you from coming to The Kitchen of Grace

_____ work schedule

Family problem_____

_____Transportation

Housing _____

_____Childcare

Time conflict with program hours _____

_____Clothing

Ongoing appointments (explain)_____

_____No washer/dryer for uniforms

Other: _____

Who referred you to The Kitchen of Grace: _____

Why did they refer you? _____

Personal Goals (Check all that apply)

_____obtain High school Diploma or equivalent

_____Be involved in my kid's lives

_____Attend a College or University

_____Develop a better Family Relationship

_____Get a job

_____Make money to support myself

_____Gain more structure in my life

_____Live independently

_____Make money to support my kids

Other: _____

Statement of Information Accuracy

By signing below, I acknowledge and commit that I have completed this Application and have supplied accurate and current information to the best of my ability

Print Participant Name

Sign Name Date

Print Parent/Guardian Name (if under 18)

sign name Date

Application Received by

Sign Name Date