



# Working Cities Challenge: Worcester

## Culinary Job Training Program

Offered to individuals looking to start a career in the culinary field

Connect with employers that are ready to hire NOW!

**Who:** Worcester Residents ages 18+ (no high school diploma required) that are eligible to work in the United States

**What:** 3 Week Culinary Job Training Course

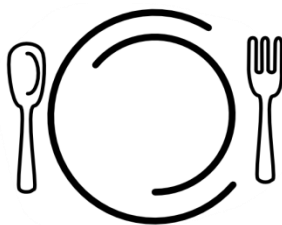
**When:**

August 7<sup>th</sup>-25<sup>th</sup>

**Where:**

**Orientation:** Workforce Central Career Center, 340 Main St. **(August 7-11)**

**Training:** Worcester Senior Center, 128 Providence Street **(August 14-25)**



## Please return attached application to:

Jenna Wills, Initiative Director of Working Cities Challenge: Worcester

Phone: (508)754-1176 ext. 169

Email: [jwills@wcac.net](mailto:jwills@wcac.net)

Worcester Community Action Council, Inc.  
484 Main St. Suite 203 Worcester, MA

*Training offered at no cost to participant thanks to our partners*

# WORKING CITIES CHALLENGE: WORCESTER CULINARY JOB TRAINING PROGRAM APPLICATION FORM

**Please answer all questions and attach a resume  
before submitting your application**

**Please send application to:**

Jenna Wills, Initiative Director of Working Cities Challenge: Worcester  
Phone: (508)754-1176 ext. 169; Email: [jwills@wcac.net](mailto:jwills@wcac.net)  
Worcester Community Action Council, Inc. 484 Main St. Suite 203 Worcester, MA

APPLICANT CONTACT INFORMATION			
First Name	Middle Initial	Last Name	
Street Address			Apt. Number
City/Town		State	Zip Code
E-Mail Address			
Home Phone Number (____) ____-____	Mobile Phone Number (____) ____-____	Date Of Birth __/__/____	
<p style="text-align: center;"><b>The best way to reach me to is:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Home Number              <input type="checkbox"/> Mobile Number              <input type="checkbox"/> Email         </p> <p>How did you hear about this program? _____</p>			
DEMOGRAPHIC INFORMATION			
Gender:		Ethnicity: (Check Only One) <input type="checkbox"/> Hispanic Or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian Or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black Or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial Native Hawaiian <input type="checkbox"/> Other		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Language : _____  Do you speak any other languages? _____	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Discharge: _____
Are you receiving any of the following benefits: <i>(Select all that apply)</i> <input type="checkbox"/> TANF/TAFC <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> SSI-Disability <input type="checkbox"/> MRC <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Unemployment Other: _____	
Marital Status (Check Only One) <input type="checkbox"/> Single Individual <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
Family Size (Number in household related by blood, marriage or adoption including self): _____	
<u>Family</u> Income (include all members of household income for the last 6 months ): \$ _____	

<b>TRANSPORTATION INFORMATION</b>
I have a working vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No      Is it insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If you do not have a car, how do you plan to get to class?</i></b> _____

<b>APPLICANT EDUCATIONAL BACKGROUND</b>		
Please select highest level of schooling that you have completed: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Less than High School</div> <div style="width: 50%;"><input type="checkbox"/> Associate's Degree (2-Year)</div> <div style="width: 50%;"><input type="checkbox"/> Some High School</div> <div style="width: 50%;"><input type="checkbox"/> Bachelor's Degree (4-Year)</div> <div style="width: 50%;"><input type="checkbox"/> High School Diploma</div> <div style="width: 50%;"><input type="checkbox"/> Master's and Above</div> <div style="width: 50%;"><input type="checkbox"/> GED/High School Equivalency</div> <div style="width: 50%;"><input type="checkbox"/> Other Post-Secondary Training _____</div> <div style="width: 50%;"><input type="checkbox"/> Some College, No Degree</div> </div>		
Name of last school attended: _____  Dates Attended: _____ To _____		
PLEASE LIST ANY CREDENTIALS OR CERTIFICATES YOU HOLD (ServSafe, TIPS Training, etc.) Type: _____ Issued By: _____ Date Issued: _____ Type: _____ Issued By: _____ Date Issued: _____		
<b>APPLICANT EMPLOYMENT HISTORY- Beginning with your present or most recent employment, please list the last 2 positions you have held. Include any unpaid work experience.</b>		
<b>Most Recent Employer</b>	Phone (____) _____ - _____	
Address  		
Start Date ____ / ____ / ____	End Date ____ / ____ / ____	Hours Worked Weekly

Job Title & Description		Reason For Leaving
2 <sup>nd</sup> Most Recent Employer		Phone (____) ____-____
Address		
Start Date ____/____/____	End Date ____/____/____	Hours Worked Weekly
Job Title & Description		Reason For Leaving

If you are not currently employed, please explain why **and** state how many weeks you have been unemployed:

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INDUSTRY INFORMATION
<p>Have you had any previous introduction to employment in the food industry? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p><b><i>If yes</i></b>, please explain:</p> <hr/> <hr/> <hr/>
<p>What food industry related career goals do you have in mind?</p> <hr/> <hr/> <hr/>
<p>After completing this training, what additional trainings or experience would you like to receive?</p> <hr/> <hr/> <hr/>

**CASE MANAGEMENT QUESTIONS: The information provided in this section is required, but your answers will not affect your application. The information will only be used for case management and data reporting purposes.**

Please list any special circumstances that may make it difficult for you complete this training program:

Do you have Dependent Children in your house? (under the age of 18) ☐ Yes, how many? \_\_\_\_\_ ☐ No

If yes, What are the ages of your dependent children? \_\_\_\_\_

Will you have reliable childcare throughout your three week Culinary Job Training period? ☐ Yes ☐ No ☐ N/A

Will you be able to commit to three consecutive weeks of training (60 hours)? ☐ Yes ☐ No

**MEDIA RELEASE**

**Use of participant information for public relations:**

I \_\_\_\_\_ (Your Name) allow Working Cities Challenge—Worcester use of my photo and/or quotes for various marketing efforts including by not limited to: Initiative print materials such as brochures and annual reports, as well as non-print media including the Initiative's website, videos, social media and other widespread marketing efforts.

\_\_\_\_\_ Use of photo/video footage

\_\_\_\_\_ Use of quotes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DISCLAIMER**

I certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. Inquiries may be made to verify the statements herein. I understand that if the information provided leads to admission into the Working Cities Challenge-Worcester Culinary Training Program, false or misleading information may result in my release. I authorize Working Cities Challenge-Worcester to share this information with program funders. I authorize Working Cities Challenge-Worcester to share relevant information included in this application with program partners and local employers for case management and employment placement purposes. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Funded through the Working Cities Challenge, an initiative of the Federal Reserve Bank of Boston, in partnership with:



WORCESTER COMMUNITY ACTION COUNCIL, INC.



Regional Environmental Council  
of Central Massachusetts

