

Sunflower Bakery and Hospitality Employment Training Application 2020-2021

Please provide all information requested, indicating NA where not applicable.

Please let us know if you need an accommodation to complete this application.

APPLICANT INFORMATION

Name: _____ Gender: _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone: Day _____ Evening _____ Cell: _____

Date of Birth: _____ Social Security Number: _____

Living Arrangements: (Check one)

With family _____ Spouse _____ Other _____ Alone _____

Legal Guardian(s): _____ Guardian's Home phone: _____

Work phone: _____ Cell: _____ E-mail : _____

Sunflower only accepts students who are planning to seek employment after training. Do you have permission to work in the United States? ___ If accepted for training, then documentation must be presented at that time. To review acceptable documentation, please go to <http://www.uscis.gov/files/form/i-9.pdf>, scroll to the 5th page and read, "Lists of Acceptable Documents," to ensure you have the correct ones.

EDUCATION Please list education in chronological order, including high school attended, post-secondary school or college and all dates. Indicate if you graduated with a certificate/diploma/degree and the date.

Name of school _____ Dates _____ Certificate/diploma/degree? _____

TRAINING & EMPLOYMENT Please list training programs and employment in chronological order. Use back of page if necessary. Attach resume if you have one.

Name of employer or training program Dates Contact Name Contact Number

BAKING EXPERIENCE Have you had any experience cooking or baking, either on a job or at home? ___Yes ___No

Have you had any experience working in customer service, food service, or a retail environment? ___Yes ___No

Do you have a genuine interest in training for a job in the food or hospitality industry? ___Yes ___No

If **yes** to above, please do a little self-assessment of what you have tried from the list below. Please rate for each skill:

Can do independently = I Need help = NH Not successful even with help = NS

Identify ingredients ___

Identify utensils ___

Wash dishes ___

Clean tables ___

Mop floors ___

Sweep floors ___

Measure with measuring cups ___

Use measuring spoons ___

Use sharp knives ___

Understand need to wash hands ___

Use whisk ___

Use rubber spatula ___

Can lift and carry 50 pounds ___

Turn oven off/on ___

Use microwave ___

Use electric hand mixer ___

Use food processor ___

Use rubber gloves ___

Use electric stand mixer ___

Tie/secure apron ___

Remove hot pans from oven ___

Make coffee or tea ___

Take customer orders ___

Bag or box purchases ___

Wrap food in plastic wrap ___

Restock products ___

Empty trash in dumpster ___

Use cash register/other point of sales equipment ___ Answer questions about products ___

Count change in bills and coins ___

Name of Applicant _____

Please indicate if you are able to do the following things, with or without reasonable accommodation:

Read at or about the 4th grade level ___Yes ___No Calculate basic math at 4th grade level ___Yes ___No
Stand for 4 hours while working ___Yes ___No

Answering the following question is voluntary. If you decline to do so, it will not affect consideration for the program.

Our mission is to prepare adults 18 and over with learning differences, who would benefit from skilled training for employment in baking, hospitality, or other related industries. Do you have learning differences? ___Yes ___No

Additional Information

Please check appropriate spaces that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Limited mobility |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Speech/language impairment | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Mild intellectual disability | <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Moderate intellectual disability | <input type="checkbox"/> Attention deficit hyperactivity disorder | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Limited vision |
| <input type="checkbox"/> Psychiatric diagnosis/ mental illness* | <input type="checkbox"/> TBI | <input type="checkbox"/> Chronic medical condition |

Are you currently taking any medications for any of the above? ___yes ___no

If yes, which medications? _____

***Psychiatric Diagnosis**

Primary Diagnosis _____

Additional Diagnoses _____

Please attach a copy of the most recent psychological evaluation results or IEP.

Please comment on any of the above with regard to educational, training or work settings. Please indicate any restrictions from participation in Bakery activities. Use back of page if necessary.

BEHAVIORAL CONCERNS

Do you (check if yes):

- | | |
|--|--|
| Threaten to do physical violence ___ | Ignore or resist following instruction or routines ___ |
| Damage personal property ___ | Lie or steal ___ |
| Damage the property of others ___ | Abuse self ___ |
| Damage public property ___ | Abuse substances ___ |
| Use angry language ___ | Have socially unacceptable sexual habits ___ |
| Have violent temper or temper tantrums ___ | Exhibit offensive behavior with peers ___ |
| Have difficulty with authority figures ___ | Have a record of any arrests ___ |

Please comment on any of above with regard to educational, training or work settings:

Sunflower Bakery has a zero tolerance policy for violence, threats of violence, damage to property, stealing, substance abuse, etc. A criminal background check may be required.

Name of Applicant _____

Sunflower Bakery - Other Releases

I hereby give permission to the professionals listed below to release information that would relate to my training/employment with the Sunflower Bakery. This would include diagnoses, treatment summaries, test results, behavior management programs, verbal exchanges between treating persons or facilities, and any other information or recommendations considered pertinent to this relationship.

_____ Date: _____ (today) through _____ (18 mos. from application date)

Relationship to applicant _____

Signature of applicant/custodial parent/guardian: _____

REFERENCES

Please provide information below for at least **one professional contact** from any previous employment or vocational training/day/school programs, who may be used as a reference. Please provide a copy of most recent IEP from high school if you have one. Please provide information below for **one contact person from any current or previous DDA or DORS service provider** who may be used as a reference. Please list any **therapists** with whom the applicant may be currently involved.

Name/ Title/ Agency/ Address/ Phone/ E-mail

Any additional information you would like to share?

HOW DID YOU FIND OUT ABOUT SUNFLOWER BAKERY? _____

HAVE YOU MET WITH ANYONE FROM THE MD DIVISION OF REHABILITATION SERVICES (DORS)? ____ YES ____ NO

IF IN VIRGINIA, Department of Aging and Rehabilitative Services? ____ YES ____ NO

IF IN DC, Rehabilitation Services Administration? ____ YES ____ NO

DO YOU HAVE A DORS OR OTHER COUNSELOR FROM ONE OF THE ABOVE REHABILITATION SERVICES? ____ YES ____ NO
IF SO, WHO AND AT WHICH OFFICE?

HEALTH AND MEDICAL INFORMATION

Name of Applicant _____ Primary Physician: _____

Telephone number: _____ FAX: _____

Name of Psychiatrist/Therapist/Counselor (if applicable): _____

Telephone number: _____

ALLERGIES: _____

Name of Dentist: _____ Telephone number: _____

Medical insurance covered by (name of company): _____

Group: _____ Governmental Program: _____

Policy number: _____ Medical concerns: _____

EMERGENCY CONTACTS

Emergency contact #1 Name: _____ Relationship: _____

Day phone: _____ Cell phone: _____ e-mail _____

Emergency contact #2 Name: _____ Relationship: _____

Day phone: _____ Cell phone: _____ e-mail _____

Emergency contact #3 Name: _____ Relationship: _____

Day phone: _____ Cell phone: _____ e-mail _____

Medical Release

I/ the applicant have/s permission to participate in all Sunflower Bakery activities except as noted by me. I give permission to the physician selected by Sunflower Bakery to order x-rays, routine tests, and treatment related to my health/the health of the participant for emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for me/this applicant. I understand the information on this form will be shared on a "need to know" basis with Bakery staff. I give permission to photocopy this form. In addition, the Sunflower Bakery has permission to obtain a copy of the applicant's health record from providers who treat him/her and these providers may talk with the Bakery's staff about the applicant's health status.

_____ Date: ____ through ____ Relationship to applicant _____

Signature of applicant/cust. parent/guardian today (18 months from application date)

ADDITIONAL PROGRAM REQUIREMENTS

SUPPORT PERSON

Each applicant must have a support person/agency whether a family member, friend, social worker, service provider or other person/entity who will be available to provide support throughout the training and employment. Please provide name(s) and relationship.

Name _____ Relationship _____

Name of Applicant _____

How would you see this person involved? (please check all that apply)

___ Attend a meeting with you before you would begin the program to discuss the program and expectations.

___ Someone to help you resolve concerns, problems, barriers that may be preventing your full participation.

___ Receive copies of evaluations.

___ Be available to you to help review material or practice skills being learned.

___ Person will sign Support Agreement upon applicant's acceptance for training.

Name of Applicant _____

Next steps: after we review your application, we will contact you regarding an interview. The interview includes a meeting to share and gather information. You will be expected to provide information about your education, your work and training experiences and your interest in baking and/or hospitality. You will complete a brief basic math quiz and you will spend some time in the kitchen with a chef, as well. You may also be asked to return to do a 3-day hands-on Kitchen Assessment or a 1-day Hospitality Assessment.

Fees: Sunflower Bakery works with all appropriate candidates to ensure their ability to participate in our program. The cost of the program is satisfied through Maryland's Division of Rehabilitation Services (DORS) and/or private pay. Private pay includes individual/family participation and/or generous funding available through Sunflower Bakery. You may also be eligible for funding through a service provider or another agency. Program costs include a \$50 Application Fee and \$450 Kitchen Assessment Fee or \$150 Hospitality Assessment Fee, a fee for supplies and equipment, as well as the costs of instruction and job search guidance during the 26-week program. Students also are paid during the 8-week internship.

Please note: The \$50 Application Fee is due by the time of the interview. If you need financial assistance with this fee please contact sara@sunflowerbakery.org. **Please note: we will not conduct any interviews without payment.** Payment will only be charged/cashed if your application is approved for an interview.

PLEASE RETURN THIS APPLICATION ALONG WITH \$50.00 PAYMENT TO:

SUNFLOWER BAKERY
ATTENTION: SARA PORTMAN MILNER, LCSW-C
5951 Halpine Road, Rockville, MD 20851
OR E-MAIL to sara@sunflowerbakery.org

If you prefer to pay by credit card please do so below:

Credit card type _____ Amount to be charged \$50.00
Name on credit card _____ Credit card number _____
Expiration date _____ Security code _____
Signed _____ Date _____
Applicant

Parent or Guardian (If appropriate) _____ Date _____

Thank you for completing this application.