

Sunflower Bakery and Hospitality Employment Training Application 2023-2024

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: _____ Nickname _____ Gender: M ___ F ___ NB ___

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.

I understand that it is Sunflower Bakery's policy that ALL APPLICANTS MUST BE FULLY VACCINATED FOR COVID-19, or be exempt for religious or medical reasons, in which case they must show proof of a negative COVID test within 48 hours of interviewing, participating in Assessments, or beginning a class. _____ (Please initial here.)

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
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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:

___ Learning Disability	___ Behavior problems	___ Limited mobility
___ Autism spectrum disorder	___ Speech/language impairment	___ Depression
___ Mild intellectual disability	___ Anxiety disorder	___ Cerebral palsy
___ Moderate intellectual disability	___ Attention deficit hyperactivity disorder	___ OCD
___ Epilepsy/seizure disorder	___ Hearing loss	___ Limited vision
___ Psychiatric diagnosis/ mental illness*	___ TBI	___ 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.

Signature of applicant/cust. parent/guardian Date: _____ through _____ Relationship to applicant _____

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 may 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 2-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), RSA in DC and/or private pay. Private pay includes individual/family participation and/or generous needs-based funding available through Sunflower Bakery. You may also be eligible for funding through a service provider or another agency. Program costs include a \$500 Kitchen Assessment Fee or \$250 Hospitality Assessment Fee, plus a fee for supplies and equipment, as well as the costs of instruction and job search guidance during the 26-week program. Hospitality students may be paid, if they qualify, during the 8-week internship.

PLEASE RETURN THIS APPLICATION TO:

SUNFLOWER BAKERY

ATTENTION: PROGRAMS

5951 Halpine Road, Rockville, MD 20851

OR E-MAIL to

programs@sunflowerbakery.org

Thank you for completing this application.