Sunflower Bakery and Hospitality Employment Training Application 2024-2025

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_____ Age_____

Select one of the following categories: ___Asian ___Black or African American ___Hispanic or Latino ___White ___Native American or Alaska Native ___Native Hawaiian or Other Pacific Islander ___Prefer not to say

Living Arrangements (Check one): With family_____ Spouse_____ Alone_____ Other_____

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 pre-approved for exemption for religious or medical reasons, in which case they must wear a mask at Sunflower Bakery, including interviewing, participating in assessments. _____ (Please initial here)

EDUCATION

High School_____ Dates_____ Certificate/diploma_____

College_____ Dates_____ Certificate/degree_____

Training Program _____ Dates_____

Training Program Contact Name_____ Phone Number_____

VOLUNTEER EXPERIENCE & EMPLOYMENT Please list volunteer experiences and employment in chronological order. Use back of page if necessary. **Attach resume if you have one**.

Name of volunteer supervisor or employer Dates Contact Name Contact Number

_____

_____

_____

BAKING AND HOSPITALITY 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 Never Attempted = NA

Identify ingredients_____
Clean tables_____
Measure with measuring cups____
Can lift and carry 35 pounds____
Use electric hand mixer____
Use electric stand mixer____

Identify utensils____
Mop floors____
Use measuring spoons____
Use whisk____
Turn oven off/on____
Use food processor____

Wash Dishes____
Sweep floors____
Use sharp knives____
Use rubber spatula____
Use microwave____
Put on rubber gloves____

Make coffee or tea____
Wrap food in plastic wrap____
Use cash register/other point of sales equipment____
Set oven to designated temperature____
Set a timer____
Use a scale____
Read a food service thermometer____
Tie/secure apron____
Communicate with customers____
Restock products____
Answer questions about products____
Follow a recipe____
Remove hot pans from oven____
Bag or box purchases____
Empty trash into dumpster____
Count change in bills and coins____
Take direction____
Ask for help____

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:

____Anxiety disorder
____Attention deficit hyperactivity disorder
____Autism spectrum disorder
____Cerebral palsy
____Chronic medical condition
____Depression
____Epilepsy/seizure disorder
____Hearing loss
____Learning Disability
____Limited mobility
____Limited vision
____Mild intellectual disability
____Moderate intellectual disability
____OCD
____ Psychiatric diagnosis/mental illness*
____Speech/language impairment
____TBI

Are you currently taking any medications for any of the above? Yes___ No___

If yes, which medications? _____

_____

Primary Diagnosis_____

Additional Diagnosis_____

*Psychiatric Diagnosis_____

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

BEHAVIORAL CONCERNS

Do you (check if yes):

Damage personal property____
Damage the property of others____
Use angry language____
Have violent temper or outbursts____
Have difficulty with authority figures____
Bully others___
Ignore or resist following instruction or routines____
Lie____
Steal____
Threaten to self-harm____
Self-harm____
Threaten to harm others____
Harm others____
Abuse substances____
Have socially unacceptable sexual habits____
Exhibit offensive behavior with peers____
Have a record of any arrests____

A criminal background check may be required.

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

_____

_____

Sunflower Bakery provides a safe environment. I agree that while I am at Sunflower Bakery, I will not engage in violence, threats of violence, threats of harm to self or others, damage to property, stealing, substance abuse, bullying, etc.

Signature of Applicant: _____

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.

Name of Therapist(s): _____

Name of Psychiatrist: _____

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

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 or most recent psychological report if you have one**. Please provide information below for one contact person from any current or previous DDA, DORS or RSA service provider who may be used as a reference.

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 DC, THE REHABILITATION SERVICES ADMINISTRATION (RSA)? ___YES ___NO

IF IN VIRGINIA, THE DEPARTMENT OF AGING AND REHABILITATIVE SERVICES (DARS)? ___YES ___NO

ARE YOU APPROVED BY:

THE DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)?___YES ___NO

Self-Directed? ___YES ___NO

DO YOU HAVE A COUNSELOR/CASE MANAGER FROM ONE OF THE ABOVE REHABILITATION SERVICES? ___YES ___NO

IF SO, WHO AND AT WHICH OFFICE?

_____

Name of Applicant _____

HEALTH AND MEDICAL INFORMATION

Primary Physician: _____ Telephone number: _____ FAX: _____

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

Telephone number: _____

Name of Neurologist (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/has 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.

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

Relationship to applicant: _____

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.

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.

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.