

Sunflower Bakery, Hospitality, and Culinary Employment Training Application

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 _____

Please select which program you are interested in: ___ Pastry Arts ___ Hospitality ___ Culinary

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

High School _____ Dates _____ Certificate/diploma _____
College _____ Dates _____ Certificate/degree _____
Training Program _____ Dates _____
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

KITCHEN 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:

(continued on next page)

Name of Applicant _____

Can do independently = **I** Need help = **NH** Not successful even with help = **NS** Never Attempted = **NA**

Identify ingredients_____	Identify utensils_____	Sweep floors_____
Clean tables_____	Mop floors_____	Use sharp knives_____
Measure with measuring cups_____	Use measuring spoons_____	Use rubber spatula_____
Can lift and carry 35 pounds_____	Use whisk_____	Use microwave_____
Use electric hand mixer_____	Turn oven off/on_____	Put on rubber gloves_____
Use electric stand mixer_____	Use food processor_____	Remove hot pans from oven_____
Make coffee or tea_____	Read a food service thermometer_____	Bag or box purchases_____
Wrap food in plastic wrap_____	Tie/secure apron_____	Empty trash into dumpster_____
Use cash register/other point of sales equipment_____	Communicate with customers_____	Count change in bills and coins_____
Set oven to designated temperature_____	Restock products_____	Take direction_____
Set a timer_____	Answer questions about products_____	Ask for help_____
Use a scale_____	Follow a recipe_____	
	Wash Dishes_____	

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

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.

Name of Applicant _____

BEHAVIORAL CONCERNS

Do you (check if yes):

- | | |
|---|---|
| Damage personal property_____ | Threaten to self-harm_____ |
| Damage the property of others_____ | Self-harm_____ |
| Use angry language_____ | Threaten to harm others_____ |
| Have violent temper or outbursts_____ | Harm others_____ |
| Have difficulty with authority figures_____ | Abuse substances_____ |
| Bully others_____ | Have socially unacceptable sexual habits_____ |
| Ignore or resist following instruction or routines_____ | Exhibit offensive behavior with peers_____ |
| Lie_____ | Have a record of any arrests_____ |
| Steal_____ | |

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

Name of Applicant _____

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?

HEALTH & MEDICAL INFORMATION

Primary Physician: _____ Telephone number: _____ FAX: _____

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

Telephone number: _____

Name of Neurologist (if applicable): _____ Telephone number: _____

ALLERGIES: _____

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: _____

Name of Applicant _____

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.

Acceptance Policy

Acceptance into our program requires an interview and assessment specific to the program you are wanting to enroll in. Results from the interview and assessment will be reviewed by the acceptance committee, and a final decision will be made by the Director of Student Services and Program Director. The final decision will be communicated to the prospective student within 2 weeks of the assessment.

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.