

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 _____
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 _____	Identify utensils _____	Wash Dishes _____
Clean tables _____	Mop floors _____	Sweep floors _____
Measure with measuring cups _____	Use measuring spoons _____	Use sharp knives _____
Can lift and carry 35 pounds _____	Use whisk _____	Use rubber spatula _____
Use electric hand mixer _____	Turn oven off/on _____	Use microwave _____
Use electric stand mixer _____	Use food processor _____	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:

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

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 ___ | 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

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.

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.