

## 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 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](mailto:programs@sunflowerbakery.org)**

Thank you for completing this application.