



JOB TRAINING APPLICATION FORM

I _____, (print applicant's name) understand that I am filling out an application for a job training program at The Bread Project (TBP).

Please initial below to indicate that you meet each of the following program requirements:

- ____ I am at least 18 years of age
- ____ I am legally eligible to work in the United States and am actively seeking employment
- ____ I am a low income resident of the Bay Area (TBP follows Income Limits for Alameda County)
- ____ I have basic math skills and am at an adequate reading level to complete training program assignments and job related documents (job applications, hiring paperwork)
- ____ I am available to attend during the designated hours for the entirety of the program
- ____ I have no pending appointments that would disrupt my attendance during the program
- ____ I have reliable transportation for the duration of the program, including access to public transport
- ____ I have access to stable housing (a place to sleep indoors that also provides lavatory facilities; eg. housing program/shelter, Section 8, staying with family or friends, rent, own apartment/house)
- ____ I am able to see and read 2.5 feet with or without reasonable accommodations
- ____ I am able to stand and move around for up to 8 hours in a kitchen without a support device
- ____ I am able to hear in a noisy environment with background noise from a distance of 20 feet with or without reasonable accommodation.
- ____ I am able to lift 25 pounds or more

Sign below to confirm that you meet these eligibility requirements and understand that **filling out this application does not equate being accepted into the program.**

Print Applicant's Name

Date

Signature

What language(s) do you speak, read, and write?

English Other(s), please list _____

Are you receiving translation support services to complete this application? Yes No

Name of person providing support: _____

Organization: _____ Position: _____

Telephone: _____ Email: _____



(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK)

Today's Date: _____

Basic Information

Full **LEGAL** Name: _____

First Name

Middle Name

Last Name

Other or Preferred names (including aliases): _____

Street Address: _____ City: _____

State: _____ CA _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____

Age: _____

Gender: Female Male Transgender _____

US Status

- | | |
|---|---|
| <input type="checkbox"/> Asylee | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Citizen by birth | <input type="checkbox"/> Work Visa |
| <input type="checkbox"/> Citizen by naturalization | <input type="checkbox"/> Non-work Visa |
| <input type="checkbox"/> Permanent Resident/Green Card Holder | <input type="checkbox"/> Other (Describe) _____ |

If you were not born in the US please provide:

Country of birth: _____ Month, Year arrived in U.S: _____

Country from which you traveled to the US: _____

Veteran Status

Have you ever served in the armed forces (are you a vet)? Yes No
If yes, Force served? Army Navy Air Force Marine Corp Coast Guard
Years of services _____

Race/Ethnicity

- American Indian/Alaskan Native
- Asian
- African American
- Black
- Caucasian
- Hispanic/Latino/a
- Middle Eastern
- Multiracial/Ethnic
- Native Hawaiian/Pacific Islander
- Other _____
- Do not wish to disclose

Education (Check all that apply)

- Some High School no Diploma: Highest grade completed? _____
- High School Diploma; Year _____ School _____
- GED; Year _____ Institution _____
- Vocational or Trade Certification: Details: _____
- Associate's Degree or equivalent; Details: _____
- Bachelor's Degree or equivalent; Details: _____
- Master's Degree or equivalent; Details: _____
- Doctoral Degree or equivalent; Details: _____

School/Institution, Year Completed _____

School/Institution, Year Completed _____

Have you done another food-services or job training program? Yes No

Name of Program, Agency _____

Location, Date _____

Did you complete the program? Yes No

Do you have a Food-Handlers card? Yes No

If yes, when does it expire? _____

Housing:

Are you currently homeless (with no permanent place to live)? Yes No

If you are currently homeless:

How long have you been homeless (in months)? _____

How did you become homeless? _____

Where do you live or stay right now?

- Street
- Shelter
- Friend's place, paying rent
- Friend's place, no rent
- House/apartment that I rent
- House/apartment that I own
- Relative's place, paying rent
- Relative's place, no rent
- Residential Treatment Program
- Section 8/ Subsidized Housing
- Transitional Housing

If you are in a Shelter or Transitional Housing facility please provide Name, city:

How long have you been at your current address/facility?

- 1-6 Months 7-12 Months 1-2 years More than 2 years

How much longer can you stay here?

- 1-3 Months 4-6 Months 6-12 Months Long Term

How many times have you been homeless in the past three years (including now)? _____

How many times have you been homeless during your lifetime (including now)? _____

How many people are in your household? (This includes yourself and your family) _____

Are you legally married or living with a domestic partner? Yes No

Do you have any children under 18 years of age? Yes No

If **Yes**, how many children live with you/depend on you? _____

Please list age(s) and gender(s) _____

Describe the living situation of any of your children under 18 who do not live with you

Do you have any children over 18 years of age? Yes No

If **Yes**, how many children live with you/depend on you? _____

Please list age(s) and gender(s) _____

Health:

Do you have any disability that substantially limits major life activities (see ADA Definition below)?

- Yes No

The American with Disabilities Act defines "substantially limits" (i) Unable to perform a major life activity that the average person in the general population can perform; or (ii) Significantly restricted as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity. (For example: Mental illness, physical disabilities, substance abuse, development or learning disability)

If Yes, describe your disability/ies: _____

Does your health history include any of the following? (Check all that apply)

- A history of difficulty learning in school, or a diagnosed learning disability
- Diagnosis/treatment for Depression or Anger Management
- Diagnosis/treatment including hospitalization for Mental Health Emotional Health
- Hospitalization after Surgery Physical injuries
- Work related injuries that resulted in absence from work for more than a week
- Work related injuries that resulted change in the career/type of work you do
- Injuries (not related to work) that resulted in absence from work or change in career/work field

Are you currently taking any prescribed medications? Yes No

If Yes, Medication/Dosage/Frequency: _____

For what condition(s)? _____

How long have you been taking this/these medications? _____

Are you currently using any other drugs or substances? Yes No

If Yes, which one(s)? _____

Have you ever used or had a problem with drugs and/or alcohol? Yes No

If Yes, what drug(s) or substance(s)? _____

When was the last time? _____

How long have you been sober/clean? (years & months) _____

Have you ever been in a treatment program for drugs and/or alcohol? Yes No

If Yes, Program /Facility? _____

Year? _____ Length of program: _____

Are you willing to submit to a drug test for employment purposes? Yes No

If you have ever received treatment, including hospitalization for mental/emotional health:

If Yes, where? _____

When? _____

Hospitalized? _____

Are you able to work while remain standing for up to 8 hours a day? Yes No

If No, please explain: _____

Can you lift 25 pounds? Yes No

If No, please explain: _____

Do you have any of the following health conditions? Yes No

Asthma

Blood borne illness (Hepatitis B, Hepatitis C, HIV, etc.)

Please describe: _____

Currently Pregnant

Diabetes

Disability – Mental

Disability – Physical

Food Allergies/Chemical Allergies (cleaning supplies, latex, etc.)

If yes, describe? _____

Seizures/ Epilepsy

Tuberculosis

Additional health details: _____

Legal History:

Do you have any upcoming court dates, legal appointments? Yes No

Please give details: _____

Have you ever been arrested but not charged for a criminal offense? Yes No

Have you ever been charged but not convicted of a criminal offense? Yes No

Have you ever been convicted of criminal offense(s)? Yes No

If Yes, What type of conviction(s)? Misdemeanor Felony

List Misdemeanor Conviction(s) _____

Penal Code _____ Location _____ Year _____

List Felony Conviction(s): _____

Penal Code _____ Location _____ Year _____

Have you ever been held in any of the following facilities? Jail Prison Neither

Location _____ Entrance Date _____ Release Date _____

Are you currently on? Probation Parole Neither

If Yes, do you have? Unsupervised status A probation officer or parole agent

Officer /Agent, Name _____

Phone Number _____ Location _____

What is the end date of your probation/parole? _____

Finances:

Are you the person who is mainly responsible for your household's finances (that is, are you the head of your household)? Yes No

If Yes, how many people (other than yourself) depend on your income? _____

If No, are you claimed as a dependent on someone else's taxes? Yes No

Who claims you? _____

Relationship to you: _____

Are you currently receiving:

- Food Stamps/Cal Fresh Temporary Aid to Needy Families (TANF/CalWORKs)

If you currently have income: What is your source of income? Do you receive any of the following services? *Check all that apply. Please provide an estimate if you do not have an exact monthly amount.*

- Cash Assistance Program for Immigrants (CAPI) \$ _____/month
- Child Support \$ _____/month
- Food Stamps/Cal Fresh \$ _____/month
- Family \$ _____/month
- General Assistance (GA) \$ _____/month
- Medicaid \$ _____/month
- Medicare \$ _____/month
- Refugee Cash Assistance (RCA) \$ _____/month
- Supplemental Security Income (SSI) \$ _____/month
- Social Security Disability Income (SSDI) \$ _____/month
- Social Security \$ _____/month
- Temporary Aid to Needy Families (TANF/CalWORKs) \$ _____/month
- Unemployment Benefits \$ _____/month
- Veteran's Benefits \$ _____/month
- Work Wages/Salary \$ _____/month
- Other (specify): _____ \$ _____/month

If you do not currently have any income, when was the last time you had a monthly income, how much was it, and what was the source? _____

Employment:

Do you have a resume? Yes No

Are you currently working? Yes No

If Yes, Employer: _____

Job Title: _____ Wages/hr: _____ Start Date: _____

Current Work Status: Full-time, # of hours _____ Part-time, # of hours _____

Describe your current work benefits Health insurance Paid vacation time

Other, describe _____ I do not get benefits

If you are not currently working, What type of work are you looking for?

Food-services Other industry, describe _____

Other details (eg location, full-time or part-time) _____

If you are not currently working, What are your three biggest challenges to gaining employment?

1) _____

2) _____

3) _____

Do you have commercial food-services work or volunteer experience? Yes No

If Yes, provide details _____

Please list your last three job(s), volunteer or work activities. This can include being a primary caregiver, volunteer work, work while serving time in jail or prison, or self-employment.

Employer Name: _____ Position: _____

City/State: _____ Dates Employed: _____

Hourly wage: _____ Reason for Leaving: _____

Employer Name: _____ Position: _____

City/State: _____ Dates Employed: _____

Hourly wage: _____ Reason for Leaving: _____

Referral & Support Resources:

Are *currently* receiving support services from any other agency? Yes No

If Yes, Agency Name: _____

What type of support are you receiving? _____

Do you currently have a counselor/caseworker/social worker/therapist/case manager? Yes No

Name: _____ Job Title: _____

Phone Number: _____ Email: _____

Have you received support services from any other agencies in the *last 6 months*? Yes No

If Yes, Agency Name: _____

What type of support did you receive? _____

How did you hear about The Bread Project and/or The Bakery Bootcamp training?

- | | |
|--|---|
| <input type="checkbox"/> Berkeley Adult School | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Career/Employment Agency | <input type="checkbox"/> Newspaper ad or story |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Parole or Probation Officer |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Social Services Agency |
| <input type="checkbox"/> Event/Festival | <input type="checkbox"/> Substance Abuse Program |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Youth Service Program |
| <input type="checkbox"/> Friend/Relative/Word of Mouth | <input type="checkbox"/> The Bread Project Website/Social Media |
| <input type="checkbox"/> Graduate of The Bread Project program | <input type="checkbox"/> Other |

Name of Person/Agency: _____ Location: _____

Emergency Contacts Information:

Name of Contact: (First and Last Name): _____

Relationship to you (mother, father, friend, etc.): _____

Phone Number: _____ City: _____ State: _____

May we contact this person if we have employment leads for you if we cannot get a hold of you OR your number is disconnected? Yes No

Name of Contact: (First and Last Name): _____

Relationship to you (mother, father, friend, etc.): _____

Phone Number: _____ City: _____ State: _____

May we contact this person if we have employment leads for you if we cannot get a hold of you OR your number is disconnected? Yes No

The Bread Project

1615 University Avenue, Berkeley CA 94703 | (510) 594-1702 | program@breadproject.org

Release of Information/Certification and Authorization

I, _____, give permission to The Bread Project to

(print your name)

share and/or secure any information necessary to process my application for the training program. I also grant The Bread Project permission to contact other individuals or organizations in order to provide services and resources on my behalf. I understand that this information will be shared or secured on a professional basis only, while protecting my right to confidentiality. I am authorizing The Bread Project to contact any person or organization required to process my application and enrollment, obtain services/provide referrals while enrolled in the program and to help obtain employment. _____

I will update The Bread Project with any updates of my status regarding, but not limited to, housing and participation in partner programs. _____

I understand that I have the right to deny this permission at any time. If I do this, I understand I am no longer eligible for the program or able to receive program services. _____

I declare the above information on the application, along with information supplied on my resume, if any, is true and correct. I understand that completing this application does not equate being accepted to the program. _____

I understand that, in the event of my acceptance and/or enrollment by The Bread Project, I shall be subject to dismissal if any information that I have given in such materials is false or misleading, or if I failed to give any information herein requested, regardless of the time elapsed after discovery. _____

Applicant Signature

Date