



**OFFICE USE ONLY**

INTAKE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ORIENTATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SALESFORCE ENTRY \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOODSERVICE JOB TRAINING APPLICATION  
STUDENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    Middle                    Last  Month            Day            Year

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about our Job Training Program? \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
  First  Last

Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

**BACKGROUND**

How many dependents (children) do you have? \_\_\_\_\_

What is your race/ethnicity? (optional) \_\_\_\_\_

Where were you born? (city, country) \_\_\_\_\_

Gender:  Male  Female      Marital Status:  Single  Married  Divorced  Widow

I have:  Driver's licence  Permit      Transportation:  Car  Bus  Bicycle  Walk

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## FOR NON-NATIVE ENGLISH SPEAKERS

What languages do you speak? \_\_\_\_\_

Do you take English classes? Where? \_\_\_\_\_

What is your teacher's name? \_\_\_\_\_ What level are you in? \_\_\_\_\_

What days do you go to English class? \_\_\_\_\_

What times do you have class? \_\_\_\_\_

## BARRIER TO EMPLOYMENT

Please identify your barrier to employment:

|  |   |
|--|---|
| <input type="checkbox"/> Criminal History            | <input type="checkbox"/> Returning to the workforce (3+ year absence) |
| <input type="checkbox"/> Violent                     | Explain: _____  |
| <input type="checkbox"/> Non-violent                 | _____   |
| <input type="checkbox"/> Sexual                      | <input type="checkbox"/> Physical or mental disability                |
| <input type="checkbox"/> Non-native English Speaker  | <input type="checkbox"/> Substance abuse _____                        |
| <input type="checkbox"/> Homelessness                |   |
| <input type="checkbox"/> less than 1 year            |   |
| <input type="checkbox"/> more than 1 year            |   |
| <input type="checkbox"/> more than 3 times in a year |   |

Comments: \_\_\_\_\_

\_\_\_\_\_

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## PUBLIC/SOCIAL SERVICES

Are you with an agency, case manager, or program?  YES  NO

Name of Agency or Program \_\_\_\_\_

**Please provide contact information for main points of contact (Ex. Case Managers, Probation Officers, Employment Specialists)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

## SUBSTANCE ABUSE

If you have a history of alcohol and/or drug abuse, how long have you been clean/sober?

\_\_\_\_\_

Have you ever been in an alcohol or drug treatment program?  YES  NO

Did you complete the program? How long did you attend? \_\_\_\_\_

\_\_\_\_\_

Are you currently in Drug Court?  YES  NO

If yes, what are your requirements? (Please include pre-scheduled court dates)

\_\_\_\_\_

## DISABILITY STATUS

Do you have a disability that substantially limits your employment activities:  YES  NO  
(Ex. Mental Illness, Physical Disability, Substance Abuse, Developmental or Learning Disability)

What is your disability? \_\_\_\_\_

Do you have a medical diagnosis?  YES  NO Are you currently being treated?  YES  NO

What medications are you taking? \_\_\_\_\_

\_\_\_\_\_

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## EDUCATION HISTORY

|  |   |   |   |   |   |   |   |   |   |    |    |    |            |                              |                             |
|--|---|---|---|---|---|---|---|---|---|----|----|----|------------|------------------------------|-----------------------------|
| Grade level completed  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Graduated: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| What was the name of your school? _____  |   |   |   |   |   |   |   |   |   |    |    |    |            |                              |                             |
| COLLEGE/UNIVERSITY Years completed   | 1 | 2 | 3 | 4 |   |   |   |   |   |    |    |    | Graduated: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| What was the name of your school? _____  |   |   |   |   |   |   |   |   |   |    |    |    |            |                              |                             |
| What was your degree? _____  |   |   |   |   |   |   |   |   |   |    |    |    |            |                              |                             |
| Do you have technical certifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ |   |   |   |   |   |   |   |   |   |    |    |    |            |                              |                             |

## LEGAL

|  |  |
|--|--|
| Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, I am a citizen of _____                            |  |
| Do you have the legal right and necessary documents to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO    |  |
| Were you ever discharged by any company? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain: _____       |  |
| _____  |  |
| Have you ever been convicted of a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain: _____ |  |
| _____  |  |
| Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain: _____      |  |
| _____  |  |
| Are you on probation, parole, or work release? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which? _____         |  |
| How long? _____ How often/what time? _____   |  |
| Contact Name: _____ Phone (_____) _____ - _____  |  |
| Email: _____   |  |

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## EMPLOYMENT HISTORY

Are you currently employed?  YES  NO

If yes, what is the name of your employer? \_\_\_\_\_

How many hours per week are you working? \_\_\_\_\_ Wage? \_\_\_\_\_

**Please provide information about your past two employers:**

Company \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_ Hours per week \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_ Hours per week \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Do you have any foodservice experience?  YES  NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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## PROGRAM REQUIREMENTS & STUDENT AGREEMENT

Listed below are some of the Job Training Program requirements:

Please initial after each statement if you agree.

- I definitely want to work at least part time. \_\_\_\_\_
- I will pay the \$80 training fee. \_\_\_\_\_
- Disruptive, disrespectful, or threatening behavior is not accepted and is cause for immediate dismissal without any previous notice. \_\_\_\_\_
- I understand that daily attendance is required. \_\_\_\_\_
- I understand that I am required to remain alcohol and drug free. \_\_\_\_\_
- I understand that I must be on time and prepared to stay the entire day. \_\_\_\_\_
- I understand that I must be willing to confront my personal challenges and/or barriers.  
\_\_\_\_\_
- I understand that I must be willing to accept instruction and criticism from my instructors and supervisors. \_\_\_\_\_
- I will complete the work that is assigned to me with a positive attitude. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Create Common Good permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Create Common Good from any liability as a result of such contact.

I understand that Create Common Good has an alcohol and drug policy that provides for random and causal testing before and/or during the program. I consent to and am in compliance with this policy at the time of my enrollment. My continued enrollment is based on the successful passing of testing under this policy.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor/Service Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## COMMUNITY AGENCY REFERRAL

Date of Referral \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency \_\_\_\_\_ Office Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Name of client referring to CCG Job Training Program \_\_\_\_\_

Why is the client under your care? \_\_\_\_\_

How long have you been working with the client? \_\_\_\_\_

How often do you communicate with the client? \_\_\_\_\_

How often do you meet with the client? \_\_\_\_\_

What agencies do you collaborate with for the betterment of the client? In what capacity?

1. \_\_\_\_\_

2. \_\_\_\_\_

If so, when will the assistance expire? \_\_\_\_\_

What are the client's income needs? \_\_\_\_\_

What are the client's goals, both short term and long term?

1. \_\_\_\_\_

2. \_\_\_\_\_

What are the client's current challenges?

1. \_\_\_\_\_

2. \_\_\_\_\_

Reason for referral \_\_\_\_\_

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## COMMUNITY AGENCY REFERRAL CONT.

What, if any, challenges are you having with the client? \_\_\_\_\_

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Create Common Good is a job training program and will not take the place of any social service agency the client is/was utilizing. Are you willing to maintain collaborative support (maintain an open line of communication, attend meetings, etc.) with Create Common Good to promote the overall wellbeing of the client?

YES

NO

Are there any restrictions that would prohibit/interfere with the client's ability to participate Monday through Wednesday from 9:00am – 4:30pm?

YES

NO

If yes, please specify the restrictions and include the conflicting times of day:

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional enclosures:

- Consent of release signed by the client

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Participant Release and Waiver of Liability**

The Momentum Group dba Create Common Good (hereafter CCG), a 501(c)(3) non-profit organization organized and existing under the laws of the State of Oregon, is a program, whose mission is to provide job training and placement for persons with barriers to employment with the ultimate goal of self sufficiency. CCG also operates a food manufacturing facility to assist in the financial support of the organization's mission.

I, \_\_\_\_\_, the participant (volunteer, trainee, intern, or anyone not employed by CCG who participates in CCG activities), execute this Participant Release and Waiver of Liability in favor of CCG and it's boards of directors, officers, employees, interns and volunteers . A participant desires to perform services for and with CCG on a volunteer basis. The Participant understands he/she may be working with persons with barriers to employment (e.g., refugees & immigrants, persons exiting the prison system, persons exiting substance abuse programs, women rebuilding their lives post domestic violence, persons who are chronically homeless).

The participant freely and voluntarily, without duress, executes this Release under the following terms:

**Waiver and Release.** The Participant releases and forever discharges and hold harmless CCG from any claim or liability that the Participant may have against Create Common Good with respect to any bodily injury, personal injury, illness, death or property damage that may result from participation in CCG's operations. The Participant also understands that CCG does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to: medical, health or disability insurance or care, in the event of injury, illness, death or property damage (see insurance requirements below).

**Insurance.** CCG does not carry or maintain, and expressly disclaims responsibility for providing any type of insurance, including but not limited to health, medical, disability, vehicle or liability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY APPLICABLE INSURANCE PRIOR TO VOLUNTEERING WITH CCG. The Participant understands that he/she will be responsible (either covered by personal medical insurance, or personal finances) for any costs associated with a personal injury or illness.

**Medical Treatment.** Except as otherwise agreed to by CCG in writing and signed by the Chief Operating Officer, the Participant hereby releases and forever discharges CCG from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's time with CCG.

**Assumption of Risk.** The Participant understands that his/her time with CCG may include activities that may be hazardous to the Participant such as driving, working at the CCG Farm, working in the CCG production kitchen, etc., and will not hold CCG accountable or liable for any injury that unintentionally result from or that arises during time spent participating in CCG activities due to any underlying physical condition.

The Participant understands that inherent risks may be associated with activities at the CCG farm, including but not limited to cuts from using gardening implements (hoes, shovels, machetes and other garden hand tools), insect bites, injury due to contact with animals (rabbits, gophers, rock

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chucks, snakes – including rattlesnakes), sunburn, heat related illness (heat stroke, dehydration, heat exhaustion, heat rash), allergic reactions, injury due to uneven terrain (including sprained ankle, broken bones), scrapes, abrasions, splinters, blisters, paralysis and death.

The Participant also understands that inherent risks may be associated with activities at the CCG Production Kitchen, including but not limited to cuts from using kitchen equipment (knives, hand tools, choppers, etc.), insect bites, burns from contact with equipment (stoves, ovens, hot pans, etc.), allergic reactions, injury due to slips, trips or falls (including sprained ankle, broken bones), scrapes, abrasions, splinters, blisters, paralysis and death.

**Compensation.** Participant understands that Create Common Good is a volunteer organization and that Participant is not acting as an employee of Create Common Good and will not receive compensation.

Applicant's Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

## **Photographic Release**

Participant grants and conveys unto Create Common Good all right, title and interest in any and all photographic images and video or audio recordings made by Create Common Good during Participant's work for Create Common Good, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Applicant's Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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## **Exclusion Policy**

It is the policy of Create Common Good to restrict or exclude employees/volunteers/trainees who are sick or have infected cuts or lesions. Employees/volunteers/trainees with these conditions shall inform the person-in charge. At that time, a decision will be made whether or not to exclude from service or restrict their activity based on the conditions. As employees/volunteers/trainees in the food service industry, you should be aware of the potential risks and hazards that your health plays in the public health of our community. Each case will be reviewed individually and handled, as the facility deems appropriate. This may result in different jobs or positions in the facility during the illness or condition and possibly the exclusion from work entirely.

An employee/volunteer who has any of the following symptoms: Diarrhea, Fever, Vomiting, Jaundice, Sore Throat with Fever, Coughing or Running Nose, etc., will be excluded from the facility until the individual is symptom free.

Any employee/volunteer who is exposed to or diagnosed as being contagious with any of the following: Salmonella Typhi, Shigella ssp., E. Coli 0157:H7 or Hepatitis A virus, Norovirus, etc., will be excluded from work until documentation is provided from a licensed physician indicating the person is free of the infectious agent of concern. The person-in charge of the facility involved is also to contact the local health department, informing them of the diagnosis, and is to receive their approval prior to the employee/volunteer returning to work.

The following individuals have read and understand that they must report to the person-in charge any of the above-mentioned symptoms or illnesses.

Applicant's Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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## **Confidentiality Agreement**

As an intern, volunteer, or trainee of Create Common Good (CCG) you may have access to "Confidential Information". The purpose of this agreement is to help you understand your obligations regarding confidential information.

**Confidential information** means, but is not limited to, all data, materials, knowledge and information generated through, originating from, or having to do with CCG or persons associated with CCG's activities. This includes, but is not limited to, plans, processes, recipes, reports, financials, business or strategic plans, compensations, donor lists and donors, customer lists and customers and any information relating to CCG's staff, trainees, volunteers, interns, donors, and CCG operations and activities.

I, \_\_\_\_\_, understand that any direct or indirect disclosure of Confidential Information to anyone outside CCG would threaten the mission and operations of CCG, cause the public to lose trust in CCG and do damage to the organization and its mission.

I agree not to disclose or use any of the Confidential Information of CCG other than in the proper performance of my duties with CCG, unless an officer of Create Common Good provides prior written consent.

I agree that upon separation with CCG I will return all Confidential Information. Anything that cannot be returned will be completely destroyed, whether in hard-copy form or on intangible media, such as e-mail or computer files, in my possession.

I understand that this agreement has no expiration date unless the CEO of Create Common Good provides a written waiver of release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## AUTHORIZATION TO RELEASE INFORMATION

Trainee Name \_\_\_\_\_

By my signature below, I authorize Create Common Good to request of all information and records relating to my eligibility for and participation in the Create Common Good Foodservice Job Training Program provided through the agencies marked below:

- |  |   |
|--|---|
| _____ Agency for New Americans         | _____ International Rescue Committee        |
| _____ CSI Refugee Program              | _____ Office of Refugee Resettlement        |
| _____ Department of Health and Welfare | _____ School/University                     |
| _____ Department of Labor              | _____ Social Security Administration        |
| _____ Easter-Seals Goodwill            | _____ Terry Reilly Programs                 |
| _____ Employer/Work Verification       | _____ US Citizenship and Immigrant Services |
| _____ English Language Center          | _____ Women's and Children's Allinace       |
| _____ Health Department                | _____ World Relief                          |
| _____ Idaho Office for Refugees        | _____ Other (please specify) _____          |
| _____ ID-Hope                          |   |

I authorize the sharing of information among these organizations for the limited purposes of determining eligibility for services and assistance, coordinating care, and meeting the goals of my family self-sufficiency plan.

In addition, I authorize the release of medical information and records relating to my care and medical coverage to my medical providers, my case management agency and public health officials. Specific authorization is given to release mental health information and HIV information, which are protected under federal law. This authorization does not include release of information regarding alcohol and drug treatment I have received or may receive.

Additional specific instructions: \_\_\_\_\_

I understand that, at my request, a copy of the completed and signed authorization form will be made available to me. I understand that I may revoke this authorization will remain in effect for one year from the date signature unless it is modified or cancelled by me in writing. A copy of this authorization is as valid as the original.

I understand that my signature on this form is not required for treatment, payment, enrollment or eligibility for benefits; however services requiring exchange of information with other providers may be limited without specific authorization.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Signature \_\_\_\_\_ Date: \_\_\_\_\_