



FOODSERVICE TRAINING & JOB PLACEMENT PROGRAM APPLICATION PACKET

Instructions

Please call: 208-258-6800 if you are having any trouble with the application process.

To complete the application and enrollment process:

Fill out this application either on your computer OR print it out and fill it out by hand.

Submit by **ONE** of the following methods:

1. Email the completed application to training@createcommongood.org
2. Mail it to: 2760 W Excursion Ln Ste 105 Meridian, ID 83642
3. Drop the application off: we are in the office Monday - Friday 8:00 - 3:30. We are closed on major holidays.

NOTE: If you chose the printing option, you will have to scan & upload the document once you have finished filling it out if you choose to email it.

Once we have received your application we will review it. You will receive either a call or an email with a letter (depending on the information you gave us) about the admission decision.

If accepted, we will schedule an "intake meeting" so you can see our location and we can get you set up to start the program. This is a short 30 minute meeting.

PLEASE NOTE: If needed, you can apply and be approved the day that we start a new class. We ask that you show up about 20 - 30 minutes before class starts so we can get you set up in the program and we can make sure to have enough supplies on hand for you. If you are taking the bus and aren't able to make it early, please call us and let us know you are on your way. If possible, please try and apply in advance but know that this option is available.

The Create Common Good Foodservice Training and Job Placement Program takes place Monday - Friday 9:30am - 2:30pm for a minimum of eight weeks while completing at least 160 hours. New cohorts start every month.

TRAINING START DATES

May 9	September 12
June 6	October 10
July 11	November 7
August 15	December 5



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STUDENT INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ LAST 4 DIGITS OF SOCIAL SECURITY #: _____

SHIRT SIZE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE #: _____

EMERGENCY CONTACT RELATIONSHIP: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

WHEN DO YOU WANT TO START OUR PROGRAM? _____

BACKGROUND

GENDER: MALE FEMALE NUMBER OF DEPENDENTS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOW

I HAVE: DRIVER'S LICENSE PERMIT

TRANSPORTATION: CAR BUS BICYCLE WALK

RACE/ETHNICITY: Check multiple boxes if you are multi-racial

AMERICAN INDIAN OR NATIVE ALASKAN NATIVE HAWAIIAN/PACIFIC ISLANDER BLACK/ AFRICAN AMERICAN

ASIAN CAUCASIAN (WHITE) HISPANIC (ethnicity) MIDDLE EASTERN/NORTH AFRICAN (ethnicity)

COUNTRY OF BIRTH/ORIGIN: _____

LAST COUNTRY OF RESIDENCE: _____

HEAD OF HOUSEHOLD QUALIFICATIONS
(SELECT ALL THAT APPLY):

PAY MORE THAN HALF OF THE HOUSEHOLD EXPENSES

CONSIDERED UNMARRIED FOR THE TAX YEAR

HAVE A QUALIFYING CHILD OR DEPENDENT

FOR NON-NATIVE ENGLISH SPEAKERS

PRIMARY LANGUAGE: _____

SECONDARY LANGUAGE: _____

OTHER LANGUAGES? _____

DO YOU TAKE ENGLISH CLASSES? YES NO WHERE? _____

WHAT LEVEL COMPLETED? _____



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BARRIER(S) TO EMPLOYMENT (SELECT ALL THAT APPLY)

<input type="checkbox"/> CRIMINAL HISTORY	<input type="checkbox"/> PHYSICAL OR MENTAL LIMITATION OR DISABILITY
<input type="checkbox"/> NON-VIOLENT	EXPLAIN: _____
<input type="checkbox"/> VIOLENT	_____
<input type="checkbox"/> SEXUAL	
<input type="checkbox"/> SUBSTANCE ABUSE	<input type="checkbox"/> RETURNING TO THE WORKFORCE (3+ YEARS OF ABSENCE)
<input type="checkbox"/> LESS THAN 90 DAYS SOBER	<input type="checkbox"/> TRAINING/RE-TRAINING
<input type="checkbox"/> MORE THAN 90 DAYS SOBER	
<input type="checkbox"/> HOMELESSNESS	<input type="checkbox"/> SURVIVOR OF DOMESTIC VIOLENCE
<input type="checkbox"/> LESS THAN 1 YEAR	<input type="checkbox"/> NON-NATIVE ENGLISH SPEAKER
<input type="checkbox"/> MORE THAN 1 YEAR	
<input type="checkbox"/> MORE THAN 3 TIMES IN THE PAST YEAR	
COMMENTS: _____ _____ _____	

REFERRING AGENCY

DO YOU WORK WITH AN AGENCY, CASE MANAGER OR PROGRAM?	
NAME OF AGENCY OR PROGRAM: _____	
CASE WORKER'S NAME: _____	PHONE #: _____
EMAIL: _____	
NAME OF AGENCY OR PROGRAM: _____	
CASE WORKER'S NAME: _____	PHONE #: _____
EMAIL: _____	

LEGAL/EMPLOYMENT

ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO, I AM A CITIZEN OF: _____
DO YOU HAVE A LEGAL RIGHT AND NECESSARY DOCUMENTS TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES, I AM EMPLOYED AT: _____ <input type="checkbox"/> NO



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TRAINEE AGREEMENT & PROGRAM POLICIES

I AGREE TO THE FOLLOWING POLICIES & EXPECTATIONS (please initial on the line if you agree):

- Attendance policy is as follows: Trainees are expected to stay the entire duration of the day and show up for every scheduled class- completing a minimum of 160 hours to graduate. They must show good employable behavior throughout the program including but not limited to the following: _____
 - Punctuality and working on personal schedule: arriving late or leaving early more than three times during the program will result in additional hours _____
 - Understanding when to not come in to class with an illness: an absence for illness that is more than 2 consecutive days requires a doctor's note _____
 - Show importance of logging hours: clocking in and out daily _____
 - Demonstrating an understanding of the no call/no show policy outlined below _____
 - Avoid a no call/no show by communicating with the trainer (referring agency can be notified at any point) _____
 - First no call/no show will result in a warning _____
 - Second no call/no show will result in a loss of 15 hours of training (of hours already completed) _____
 - Third no call/no show will result in a 30 day leave-of-absence _____
 - I understand that the ServSafe® Food Handler and Manager training is provided to me by Create Common Good at no-cost. If I leave the program after receiving my ServSafe® certification without completing the entire program I am responsible for the full cost of the ServSafe® training (\$200). _____
- I understand THIS IS NOT A COOKING CLASS; it is a workforce development program with the goal of finding employment upon completion of the program. _____
 - Trainees must be willing to confront their personal challenges and/or barriers. _____
 - Trainees must be willing to accept instruction and criticism from their trainer and continually look for ways to improve performance. _____
 - Trainees will complete the work that is assigned with a positive attitude. _____
 - Disruptive, disrespectful, or threatening behavior is not accepted and is cause for immediate dismissal without any prior notice. _____
- I will pay the \$80 training fee and communicate that method of payment to the Training Manager. _____
- I understand that I am required to remain alcohol and drug free; including the use of Kratom. _____
- I understand if I am taking cold medicine or prescription medicine that compromises my ability to focus and work safely, I will notify my trainer. _____
- I want to work at least part-time and I understand if I opt not to work after completing the program, I will not receive a certificate of completion. _____
- I understand if I quit, am dismissed or choose not to seek employment after completing the program, my referring agency will be notified. _____

I agree to follow the above policies and expectations for the Create Common Good Job Training Program. I understand the implications of not abiding by the above policies and expectations- any omission of facts or falsehoods presented can result in my immediate dismissal from the program. I also understand that these procedures are in place to help me develop my skills for the workforce.

Applicant's signature

Date

Sponsor/Service Provider's signature

Date



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HOUSEHOLD INCOME VERIFICATION FORM

Annual Gross Income

Find the number of people in your household and **circle** the amount your combined household gross income falls into. If you are using a computer to fill out your application please highlight instead of circle.

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Less than \$14,800	Less than \$16,900	Less than \$19,000	Less than \$21,100	Less than \$22,800	Less than \$24,500	Less than \$26,200	Less than \$27,900
\$14,801 - \$24,650	\$16,901 - \$28,150	\$19,001 - \$31,650	\$21,101 - \$31,650	\$22,801 - \$38,000	\$24,501 - \$40,800	\$26,201 - \$43,600	\$27,901 - \$46,400
\$24,651 - \$39,400	\$28,151 - \$45,000	\$31,651 - \$50,650	\$31,651 - \$56,250	\$38,001 - \$60,750	\$40,801 - \$65,250	\$43,601 - \$69,750	\$46,401 - \$74,250
More than \$39,401	More than \$45,001	More than \$50,651	More than \$56,251	More than \$60,751	More than \$65,251	More than \$69,751	More than \$74,251

I verify that the amount circled above is accurate and that I have no other source of income

Applicant's printed name

Date

Applicant signature



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RELEASE AND WAIVER OF LIABILITY

The Momentum Group DBA Create Common Good, a 501(c)(3) non-profit organization organized and existing under the laws of the State of Oregon, and its board of directors, officers, employees, volunteers, staff, other administrators, agents, and sponsors (all collectively referred to for purposes of this Release as "Create Common Good"). Create Common Good, conducts job training, development and placement for persons with barriers to employment.

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

1. Waiver and Release.

Trainee releases and forever discharges and hold harmless Create Common Good from any claim or liability that Trainee 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 Create Common Good's operations. Trainee also understands that Create Common Good 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).

2. Insurance.

Create Common Good 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 Trainee. EACH TRAINEE IS EXPECTED AND ENCOURAGED TO CARRY APPLICABLE INSURANCE PRIOR TO TRAINING WITH CREATE COMMON GOOD. The Trainee understands that the Trainee will be responsible (either covered by personal medical insurance, or personal finances) for any costs associated with a personal injury or illness.

3. Medical Treatment.

Except as otherwise agreed to by Create Common Good in writing, the Trainee hereby releases and forever discharges Create Common Good 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 Trainee's time with Create Common Good.

4. Assumption of Risk.

The Trainee understand that the Trainee's time with Create Common Good may include activities that may be hazardous to the Trainee such working in a commercial kitchen with knives & equipment, etc. The Trainee hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Create Common Good from all liability for injury, illness, death or property damage resulting from the activities of Create Common Good.

5. Compensation.

The Trainee understands that Create Common Good is a training organization and that the Trainee is not acting as an employee of Create Common Good and will not receive compensation. Some exceptions may apply for qualifying trainees. Qualifying trainees must be approved prior to training start date.

By my signature below, I acknowledge that I have read the above, understand it, and agree to the terms.

Applicant's printed name

Applicant signature

Date

Parent or Guardian printed name (if applicant is under 18)

Parent or Guardian signature (if applicant is under 18)

LAST UPDATED 4/2022



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PHOTOGRAPHIC RELEASE

Trainee 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 Trainee's work for Create Common Good, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

By my signature below, I acknowledge that I have read the above, understand it, and agree to the terms.

Applicant's printed name

Date

Applicant signature

Parent or Guardian printed name (if applicant is under 18)

Parent or Guardian signature (if applicant is under 18)

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.

By my signature below, I acknowledge that I have read the above, understand it, and agree to the terms.

Applicant's printed name

Applicant signature

Date

Parent or Guardian printed name (if applicant is under 18)

Parent or Guardian signature (if applicant is under 18)



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AUTHORIZATION TO RELEASE INFORMATION

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

- | | |
|---|--|
| <input type="checkbox"/> Agency for New Americans | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> CATCH | <input type="checkbox"/> Idaho Division of Vocational Rehabilitation |
| <input type="checkbox"/> Boise City/Ada County Housing Authority | <input type="checkbox"/> International Rescue Committee |
| <input type="checkbox"/> Boise Rescue Mission | <input type="checkbox"/> Mana Resources |
| <input type="checkbox"/> Department of Health & Welfare (Maximus) | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Department of Labor | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Easter-Seals Goodwill | <input type="checkbox"/> Terry Reilly Programs |
| <input type="checkbox"/> English Language Center | <input type="checkbox"/> Women's and Children's Alliance |
| <input type="checkbox"/> Faces of Hope | <input type="checkbox"/> Other: _____ |

I authorize communication via: Electronics: text/email Verbal methods

I authorize the mutual sharing of information among these organization(s) and Create Common Good for the limited purposes of determining eligibility for services and assistance, coordinating care, and meeting my goals. I understand that all information exchanged will remain confidential.

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. It 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.

By my signature below, I acknowledge that I have read the above, understand it, and agree to the terms.

Applicant's printed name

Applicant signature

Date

Parent or Guardian printed name (if applicant is under 18)

Parent or Guardian signature (if applicant is under 18)

Date

LAST UPDATED 4/2022