



# WORKFORCE DEVELOPMENT PROGRAM APPLICATION PACKET

## PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female Last 4 Digits of Social Security #: \_\_\_\_\_

Drivers License:  Yes  No ID #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### TRANSPORTATION:

Drive Myself  Someone Else Drives Me  Bus  Bike  Other: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### 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)

### MARITAL STATUS:

Single  Married  Divorced  Widow(er) Number of Dependents: \_\_\_\_\_

### EDUCATION

Last grade you completed? \_\_\_\_\_ School Name \_\_\_\_\_

Post-Secondary Education:  Some  Associate's Degree  Bachelor's Degree  Technical Certificate

Area of Emphasis: \_\_\_\_\_

## LEGAL/EMPLOYMENT

Are you a citizen of the United States?  Yes  No

Do you have a legal right and the necessary documents to work in the United States?  YES  NO

Are you currently employed?  Yes  No Employer: \_\_\_\_\_

# REFERRING AGENCY

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

Case Manager's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## BACKGROUND (Check all that apply)

<input type="checkbox"/> Criminal Record	Charge(s)	Date
<input type="checkbox"/> Misdemeanor(s)	_____	_____
<input type="checkbox"/> Felony(s)	_____	_____

Currently on Probation or Parole  Yes  No Probation Officer Name: \_\_\_\_\_

Substance Abuse How long since you last used? \_\_\_\_\_

Are you currently taking Suboxone or Methadone?  Yes  No

Homeless or Housing Situation is Unstable

Survivor of Domestic Violence

Non-Native English Speaker: Native Language \_\_\_\_\_

### Neurodiversity:

Autism

ADHD

Dyslexia

Discalculia

Other: \_\_\_\_\_

### Mental Health Disorders:

Anxiety

Depression

Bipolar Disorder

PTSD

### Physical Abilities: (Check all that activities you are able to do easily)

Bend

Stoop

Twist

Turn

Reach

Climb Ladder

Lift # of LBS \_\_\_\_\_

Stand Time Without a Break: \_\_\_\_\_

Can stay on task for a minimum of 1 hour

**Medications:** (Our training environments can be dangerous. Do you take any medications that may impair your ability work safely (dexterity or quick decision making)?)

Yes List: \_\_\_\_\_



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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

### Head of Household Qualifications (Check all that apply):

- Pay more than half of the household expenses
- Have a qualifying child or dependent
- Considered unmarried for the tax year



# WORKFORCE DEVELOPMENT PROGRAM APPLICATION PACKET

## 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 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



## WORKFORCE DEVELOPMENT PROGRAM APPLICATION PACKET

### 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.

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Applicant's printed name

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Applicant signature

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Date

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

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Parent or Guardian signature (if applicant is under 18)

LAST UPDATED 7/2023



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### MEDIA RELEASE

**PLEASE NOTE:** *If you are a client of the WCA, Faces of Hope, and/or a survivor of domestic violence concerned with protecting your anonymity, please select "I DO NOT CONSENT for Create Common Good to take my photo." and "DENY".*

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Applicant's printed name

I **CONSENT** for Create Common Good to take my photo.

I **DO NOT CONSENT** for Create Common Good to take my photo.

I, hereby  **GRANT**  **DENY** permission to Create Common Good to use photographic, audio or video footage of me for the following purposes: Social Media Content, Informational Pamphlets, Website Content, Program Awareness Initiatives, and Fundraising Marketing and Events.

I understand that the photographs and other footage may be used in print, online or other forms of media, including but not limited to, social media, newspapers, magazines, and television. I understand that my photograph or audio/video footage may be edited or altered in any way deemed appropriate by the organization or individual, and that I will not have any right to approve or disapprove of the changes.

I hereby release Create Common Good and its agents, employees, officers, directors and all other persons or entities acting under its permission or authority, from any and all claims and liabilities arising from the use of my photograph or audio/video footage.

I acknowledge that I will not receive any compensation, royalties or other benefits for the use of my photograph or footage.

I represent that I am at least 18 years old and have read this release before signing. I fully understand the contents, meaning and impact of this release and agree to be bound by its terms.

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Applicant's printed name

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Date

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Applicant signature

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

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Parent or Guardian signature (if applicant is under 18)



## WORKFORCE DEVELOPMENT PROGRAM APPLICATION PACKET

### 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.

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Applicant's printed name

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Applicant signature

---

Date

---

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

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Parent or Guardian signature (if applicant is under 18)



# WORKFORCE DEVELOPMENT PROGRAM APPLICATION PACKET

## TRAINEE AGREEMENT & PROGRAM POLICIES

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

- I understand that the Create Common Good Workforce Development Program is a simulated work experience and I agree to treat it as such. \_\_\_\_\_
- I agree to attend all scheduled classes for the full duration and will endeavor to schedule appointments outside training hours. \_\_\_\_\_
- I understand that for the health and safety of others, I will not attend training while ill. (See Exclusion Policy) I understand if I am absent due to illness or injury more than 2 consecutive days I am required to get a doctor's note before returning to training. \_\_\_\_\_
- I understand that a no-call/no-show is unemployable behavior. I understand that a no-call/no-show may result in dismissal from the program or other disciplinary action. \_\_\_\_\_
- I agree to confronting personal challenges and/or barriers. \_\_\_\_\_
- I agree to accept instruction and feedback from the trainer and continually look for ways to improve my performance. \_\_\_\_\_
- I understand that disruptive, disrespectful, or threatening behavior is not acceptable and is cause for immediate dismissal from the program without any prior notice. \_\_\_\_\_
- I understand that Create Common Good is a drug and alcohol free environment. I agree to refrain from any substance that may impair my ability to work safely. \_\_\_\_\_
- 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 so alternative tasks may be assigned. \_\_\_\_\_
- I understand if I quit or am dismissed from the the program, my referring agency will be notified. \_\_\_\_\_
- I agree to conduct myself in a manner that is consistent with Create Common Good's values of Gratitude, Engagement, Empowerment, & Potential.

### Food Service Training

- 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. \_\_\_\_\_
- 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). \_\_\_\_\_

### WinCo WInS Training

- I understand that my eligibility for the program is contingent on passing a criminal background check. \_\_\_\_\_
- I understand that the WinCo WInS program is a training program conducted by Create Common Good in partnership with WinCo Foods. Participation and completion of the program is not a guarantee of employment. \_\_\_\_\_

I agree to follow the above policies and expectations for the Create Common Good Workforce Development 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

\_\_\_\_\_  
Applicant's printed name