

NEW OPPORTUNITY!

COMMON GROUNDS FOOD SERVICE TRAINING TO EMPLOYMENT PROGRAM

- **FREE** 12-week training program.
- Gain culinary & work skills for a food service career. You will graduate with your ServSafe certification, Common Grounds certificate, & references to get you the right job! Common Grounds is based on a national, proven model (Catalyst Kitchens).



- Includes FREE meals & groceries, social services support, a peer network, & an Employment & Social Services Coordinator to help you with resources & finding a job.



**Contact Sue Jurina to learn more about this program & submit an application:
ProgramAssistant@mannaonmain.org or 215.855.5454.**

- Challenge Week (Interview/Introduction): November 28-December 1
- Training Program: December 5-February 23
- Training Programs will be offered every 12 weeks, with 6 students per program.

Invest in yourself today & the opportunity for a better, stable paycheck & job.

Deadline to apply is November 18.

**Learn More! Visit <http://mannaonmain.org/about-us/common-grounds-training-program/>
or attend an Open House to meet the Instructors & tour the training program campus!**

Open House: Nov 2, 1-2 pm | North Penn Commons, 606 E. Main Street, Lansdale
RSVP: ProgramAssistant@mannaonmain.org or 215.855.5454

Manna on Main Street

Common Grounds Food Service Training to Employment Program Eligibility Criteria



- Common Grounds Food Service Training to Employment Program is a free, entry-level training program. No previous foodservice experience is necessary.
- Individuals must reside in Montgomery County and be 18 or older to participate.
- Trainees must possess basic literacy and math skills (comparable to grade 6) and be able to communicate in English.
- Trainees must be sober during all training program activities. Trainees who appear intoxicated or are under the influence will be asked to leave the session. Trainees who are asked to leave sessions due to intoxication more than two times may be terminated from the program.
- Background checks are conducted for everyone seeking enrollment in keeping with the PA Act 153 Employee Compliance Policy. Applicants who have outstanding warrants in any jurisdiction, or who have court proceedings scheduled that could result in incarceration must satisfy their legal obligations prior to enrollment. Being less than 100% honest regarding criminal background will be grounds for denial of services. All trainees who are currently on probation must be in compliance with the conditions of their service.
 - Background checks include: 1. PA criminal history record check (state police); 2. Child abuse history certification; 3. Fingerprint based federal criminal history clearance (FBI). Manna will provide trainees with support in completing and submitting these clearances; all clearance fees will be paid by Manna or referring partners.
 - The following convictions will prevent an individual from being enrolled in the Common Grounds Training to Employment Program: Level 3 Sex Offense, Arson, and/or Violent Crime.
- Trainees must be economically disadvantaged as defined as 300% or less of the poverty level. All applicants will be required to apply for eligible benefits prior to enrollment; Manna will assist applicants with this process if necessary.
- Trainees must be able to work, at least part-time, and express that as a goal.
- Any student who has a condition that could adversely affect his or her employability will be asked to receive clearance from a provider prior to enrollment.
- Trainees must have these physical skills: Ability to lift 30 lbs, stand on your feet for four hours in a high-paced setting (unless accommodations are needed), safely navigate a kitchen setting, and handle kitchen and food prep equipment.

Common Grounds Food Service Training to Employment Program Application

Free training program offered through Manna on Main Street

Today's Date _____

Full Legal Name: _____
First Name Middle Name Last Name

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

What is the best way to contact you? Email Primary Phone Secondary Phone

Gender: Male Female Transgender

Are you the Head of Household? Yes No

Date of Birth: ____/____/____ Social Security: ____-____-____

Are you a U.S. Citizen? Yes No

Are you an immigrant, refugee or new arrival to this country? Yes No Unknown

Do you have a basic understanding of English (e.g. can read instructions)? Yes No Unknown

Are you able to speak English? Yes No Unknown

Are you eligible to work in the US? Yes No

Have you ever served on active duty in the U.S. military (including National Guard or Reserves)?

Yes No Unknown

Active Dates: _____

Honorable Discharge: Yes No

Race/Ethnicity: (Check all that apply)

American Indian or Alaska Native Asian, Asian American

Black, African-American, Other African Latino

Middle Eastern Native Hawaiian or Pacific Islander

White or Caucasian Other Race

OFFICE USE ONLY

Case Notes:

Housing

Are you currently homeless (E.g. Living on the streets, or in a car, RV or a structure without utilities)?

Yes No Unknown What is the town where you stayed last night? _____

Type of housing where you live right now?

- | | |
|---|--|
| <input type="checkbox"/> Street | <input type="checkbox"/> Relative's place (address below) permanently |
| <input type="checkbox"/> Shelter (specify: _____) | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> Transitional housing (specify: _____) | <input type="checkbox"/> Temp living w/friends/family: need to move within 14 days |
| <input type="checkbox"/> My own home/apartment (address below) | <input type="checkbox"/> Fleeing domestic violence and facing homelessness |
| <input type="checkbox"/> Friend's place (address below) permanently | |

Street Address: _____

City: _____ County: _____ State: _____

Please check the box that best describes your household.

- | | |
|--|--|
| <input type="checkbox"/> Single parent female household w/minors | <input type="checkbox"/> Single adult |
| <input type="checkbox"/> Single parent male household w/minors | <input type="checkbox"/> Other related adults w/minors |
| <input type="checkbox"/> Two-parent household w/minors | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other related adults | <input type="checkbox"/> Other: _____ |

How long have you lived in PA? _____ Where did you live before that? _____

OFFICE USE ONLY

Case Notes:

Health

(Office use: Remove from file)

Do you consider yourself to be a person with disabilities? Yes No Unknown

If yes, please describe: _____

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

Which types of drugs and/or alcohol?

Have you used drugs or alcohol in the past 30 days? Yes No

If yes, please describe: _____

If no, how long have you been clean and sober? _____

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

If yes, where and when did you receive treatment for drugs and/or alcohol?

Where: _____ When: _____

Have you ever been diagnosed with depression or a mental illness? Yes No

If yes, please describe: _____

Have you received treatment for depression or a mental illness? Yes No

If yes, please describe: _____

Have you taken medication for depression or a mental illness? Yes No

If yes, please describe: _____

List any medications you are currently taking: _____

Do you have these physical skills?

- Ability to lift 30 lbs
- Safely navigate a kitchen setting
- Stand on feet for 4 hours or more
- Handle kitchen equipment

Do you require any accommodations for the physical skills listed above? If so, please specify:

List any other significant past and/or present medical/mental health conditions or disabilities that may influence your ability to work in the food service industry or be in training:

OFFICE USE ONLY

Case Notes:

Education

Did you graduate from high school? Yes No *If no, highest grade completed: _____*

If no, did you receive a GED? Yes No

Do you have any additional education or training? Yes No

Program: _____ Year completed _____

Additional Education/Training Level:

- | | | |
|--|---|--|
| <input type="checkbox"/> Some college | <input type="checkbox"/> Associate's Degree or equivalent | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Vocational/Technical school | <input type="checkbox"/> Other: _____ |

Do you have a history of difficulty in school or a diagnosed learning disability? Yes No

If yes, please describe: _____

Employment

Have you been employed in the food service industry? Yes No

If yes, explain: _____

Have you worked in the last 12 months? Yes No

If yes, how long did you work (in months)? _____ If no, what year did you last work? _____

Hourly Wage: _____ Hours per week: _____ Employer: _____

Do you understand that working may change your government benefits? Yes No

List any employment challenges you have experienced (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Frequent Relocation | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Child Health Issues | <input type="checkbox"/> Housing Issues | <input type="checkbox"/> Negative/Lack of Job History |
| <input type="checkbox"/> Child w/Special Needs | <input type="checkbox"/> Lack of Basic Resources | <input type="checkbox"/> Owing Child Support |
| <input type="checkbox"/> Conflict w/co-worker | <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Conflict w/supervisor | <input type="checkbox"/> Lack of Financial Literacy | <input type="checkbox"/> Skill Deficiency |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Lacking Diploma/GED | <input type="checkbox"/> Termination of Public Assistance |
| <input type="checkbox"/> Domestic/Family Violence | <input type="checkbox"/> Lacking ID/SS Card | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> End of Relationship/Divorce | <input type="checkbox"/> Lacking Life Skills | <input type="checkbox"/> Veteran Discharge Status |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other: _____ |

OFFICE USE ONLY

Case Notes:

Legal

Do you have any warrants, court dates, or other upcoming legal issues? Yes No

If yes, please explain, include dates and locations if applicable. Continue on back if necessary.

Have you ever been convicted of a misdemeanor? Yes No

If yes, please list convictions, dates, and locations. Continue on back if necessary.

Have you ever been convicted of a felony? Yes No

If yes, please list convictions, dates, and locations. Continue on back if necessary.

Are you on probation? Yes No

Are you in work release? Yes No

Contact and phone number for work release: _____

CCO/DOC Name: _____

Phone Number: _____

Background Check Release

In keeping with the PA Act 153 Employee Compliance Policy, all applicants must submit these clearances before enrollment.

✓ PA criminal history record check (state police)

<https://epatch.state.pa.us/Home.jsp>

✓ Child abuse history certification

<https://www.compass.state.pa.us/cwis/public/home>

✓ Fingerprint based federal criminal history clearance

(FBI) <https://www.pa.cogentid.com>

NOTE: Manna will provide all applicants with support in completing and submitting these clearances as needed, including paying for related fees. The following convictions will prevent an individual from being enrolled in the program: Level 3 Sex Offense, Arson, and/or Violent Crime.

OFFICE USE ONLY

Case Notes:

Financial and Supportive Services

Do you receive any government benefits? Yes No

If yes, what benefits do you receive? (please check all that apply)

- TANF (Temporary Assistance for Needy Families)
- CHIP
- Medicaid/Medical Assistance
- Medicare related benefits
- LIHEAP/utility assistance
- Childcare Support/CCIS
- SNAP (Supplemental Nutrition Assistance Program)
- WIC (Women, Infants & Children)
- SSI/SSDI
- Other: _____

Do you have health insurance coverage? Yes No Type: _____

What is your total gross (before taxes) monthly income? \$ _____
This includes wages/self-employment, DPA/Public Assistance, Social Security, SSI, Unemployment/Workers' Compensation, Pension, Disability, Other.

What is your family size (# in immediate household, including self)? _____

Based on the 2016 federal poverty guidelines below, at what % poverty level do you reside? _____
 Please note: Applicants must be at 300% or below of the poverty level to be eligible for this training program.
Exceptions may be made on a case by case basis.

Persons in Household	2016 Federal Poverty Guidelines							
	48 Contiguous States and D.C. (Monthly)							
	100%	133%	138%	150%	200%	250%	300%	400%
1	\$990	\$1,317	\$1,366	\$1,485	\$1,980	\$2,475	\$2,970	\$3,960
2	\$1,335	\$1,776	\$1,842	\$2,003	\$2,670	\$3,338	\$4,005	\$5,340

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Case Notes:

3	\$1,680	\$2,234	\$2,318	\$2,520	\$3,360	\$4,200	\$5,040	\$6,720
4	\$2,025	\$2,693	\$2,795	\$3,038	\$4,050	\$5,063	\$6,075	\$8,100
5	\$2,370	\$3,152	\$3,271	\$3,555	\$4,740	\$5,925	\$7,110	\$9,480
6	\$2,715	\$3,611	\$3,747	\$4,073	\$5,430	\$6,788	\$8,145	\$10,860
7	\$3,061	\$4,071	\$4,224	\$4,591	\$6,122	\$7,652	\$9,183	\$12,243
8	\$3,408	\$4,532	\$4,702	\$5,111	\$6,815	\$8,519	\$10,223	\$13,630

Add \$346 for each person over 8

OFFICE USE ONLY

Case Notes:

Common Grounds Food Service Training to Employment Program Student Hours

This training program is a 12-week program divided into two, six-week rotations. Trainees will be placed in Group A (Front of House: FOH Experience & Instruction) or Group B (Back of House: BOH Experience & Instruction) for the 1st six weeks, and then rotate for the 2nd six weeks. Front of House training will include café food production and service, and Back of House training will include Manna Kitchen and other meal production and service.

Group A (FOH): Monday, Tuesday, Thursday: 6:30am-2:30pm | Wednesday: 6:30am-3:30pm

Group B (BOH): Monday, Tuesday, Thursday: 8:00am-2:30pm | Wednesday: 8:00am-3:30pm

***Trainees will also be required to serve two FOH Saturday shifts in the café,
with dates based as much as possible on trainee preferences.***

I understand that the above schedule indicates the times that I am required to be available in order to participate in this program. _____ Initials

In 3 to 5 sentences, please tell us what brings you to this program and your goals for employment:

How did you find out about the Common Grounds Food Service Training to Employment Program?

Please be as specific as possible:

Manna Staff or Volunteer
Name: _____

County/Non-Profit Agency
Name: _____

Manna Flyer/Sign

Family or Friends

Your Way Home
Name: _____

Media
Type: _____

Shelter
Location: _____

Other
List: _____

Do you currently participate in Manna's programs? Yes No

If yes, which programs? (please check all that apply)

- Manna's Kitchen
- Manna's Market
- Dairy Day Program
- Holiday Gift Card Program
- Emergency Financial Aid Program
- Getting Ahead
- Education Program 1:1 Appointments
- Volunteer

Other: _____

What is your shirt size (For Uniforms)? _____

Are you willing to sign a **Release of Information Form** for Manna on Main Street to work with your doctor, counselor, parole/probation officer and/or other service providers? Yes No

PHOTO RELEASE FORM

I hereby irrevocably grant Manna on Main Street and the Common Grounds Food Service to Employment Training Program in perpetuity and without limitations, the right and permission to copyright and/or use and/or publish or reproduce photographs, video, interviews or film of me, pictures in which I may be included in whole or part, and my voice – for education, public relations, advertising or any other purposes related to Manna’s mission.

I hereby waive any right that I may have to approve the finished product, and I release and hold harmless Manna on Main Street and the Common Grounds Food Service to Employment Training Program from any and all claims which I, my heirs, executors, or assigns, may at any time have against them on account of the granting of the rights set forth herein or arising out of such taking, recording, reproducing, publication, transmission, promotion, or exhibition referred to herein (including without limitation what might be deemed to be misrepresentation of me, my character, or my person due to distortion, optical illusion, or faulty reproduction which may occur in the finished product).

I hereby represent that I am of legal age and that I have every right to contract in my own name without violating any other commitment. I state further that I have read, or have had read to me, and understand this authorization and release, prior to its execution, and that I duly understand the contents thereof.

Print Name: _____

Signature: _____

Listed below are some of the Common Grounds Food Service Training to Employment Program Requirements: *(Please initial after each requirement)*

- I understand that **Monday-Thursday attendance** is required. _____
- I understand that I must be **on time and prepared to stay for the program hours required.** _____
- I understand that **100% participation** is expected. _____
- I understand that I must be willing to **accept instruction** from my instructors and supervisors and **complete the work that is assigned to me with a positive attitude.** _____
- I understand that I must have a **willingness to confront my personal challenges and/or obstacles to successful employment and self-sufficiency.** _____
- I understand that I must be **clean and sober during training program activities.** _____
- I understand that I may **not use Manna as an address** for any purpose (mail, packages, deliveries, etc.) _____
- I understand that I will be provided with a **locker and a combination lock for my use** while I am enrolled in the training program. _____
- I understand that **Manna is not responsible for damage, loss or theft** of any of my personal property. _____

- I understand that this is an **employment training program**. By participating, I'm committed to gaining employability skills and to actively participate in a job search, with the goal of at least part-time employment. _____

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release this information for verification purposes and understand that it will be used to determine eligibility.

Intentional false statements may result in termination from the Common Grounds Food Service Training to Employment Program.

Applicant's Signature: _____ Date: ____/____/_____

Manna on Main Street Staff Signature: _____ Date: ____/____/_____

Please return this application to Sue Jurina, the Common Grounds Employment & Social Services Coordinator: ProgramAssistant@mannaonmain.org. Upon receipt, Sue will contact you to schedule an appointment to complete the background checks and provide any additional information. Thank you!

Common Grounds Food Service Training to Employment Program
Manna on Main Street
606 E. Main Street, Suite B, Lansdale PA 19446

215.855.5454 | <http://mannaonmain.org/about-us/common-grounds-training-program/>