

## 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](mailto:ProgramAssistant@mannaonmain.org) or 215.855.5454.**

- Challenge Week (Interview): September 25-27
- Training Program: October 2-December 21
- Training Programs will be offered every 12 weeks, with 6-10 students per program.
- **Invest in yourself today & the opportunity for a better, stable paycheck & job.**



*Cohort 2 Graduates & Staff*

# 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. If an applicant has lived in PA for more than 10 years: A signed affidavit swearing no record of disqualifying offenses. OR, if an applicant has not lived in PA for more than 10 years: Fingerprint based federal criminal history clearance (FBI). Confirmation of submitted clearances must be included with the training program application. These clearances are free to complete, with the exception of the fingerprint based federal criminal history clearance; Manna will pay for this fee. Please see the application for instructions.
  - The following convictions may 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 reasonable accommodations are needed), safely navigate a kitchen setting, and handle kitchen and food prep equipment.

**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 **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you the Head of Household?**  Yes  No

**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)

- |                                                                 |                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native       | <input type="checkbox"/> Asian, Asian American               |
| <input type="checkbox"/> Black, African-American, Other African | <input type="checkbox"/> Latino                              |
| <input type="checkbox"/> Middle Eastern                         | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White or Caucasian                     | <input type="checkbox"/> 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

If yes, 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: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check the box that best describes your household.

- |                                                                  |                                                       |
|------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Single parent female household w/minors | <input type="checkbox"/> Other related adult w/minors |
| <input type="checkbox"/> Single parent male household w/minors   | <input type="checkbox"/> Single adult                 |
| <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? \_\_\_\_\_

**Manna on Main Street reserves the right to do drug testing based upon reasonable cause if a trainee is suspected of being under the influence of alcohol or drugs or has sustained a training related injury or accident.**

Do you have any existing health and/or mental health conditions that could affect your ability to participate in this training program or become employed? If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 reasonable accommodations for the physical skills listed above? If so, please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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:** All applicants must submit these clearances. The following convictions may prevent an individual from being enrolled in this program: Level 3 Sex Offense, Arson, and/or Violent Crime.

Please complete these **free** clearances using the links below and submit confirmations **with** your application. If you have any questions regarding this process, please contact Sue Jurina, [ProgramAssistant@mannaonmain.org](mailto:ProgramAssistant@mannaonmain.org) or 215.855.5454. Thank you.

✓ **PA criminal history record check (state police)**

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

(Select: volunteers only)

✓ If a PA resident for more than ten years, please read and sign the included **affidavit**.

✓ **Child abuse history clearance**

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

(Create: individual account)

✓

If not a PA resident for 10+ years, please contact Sue Jurina to complete the **fingerprint based federal criminal history clearance** (FBI).

### 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

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 2017 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	48 Contiguous States and D.C. Poverty Guidelines (Monthly)							
	100%	133%	138%	150%	200%	250%	300%	400%
1	\$1,005	\$1,337	\$1,387	\$1,508	\$2,010	\$2,513	\$3,015	\$4,020
2	\$1,353	\$1,800	\$1,868	\$2,030	\$2,707	\$3,383	\$4,060	\$5,413
3	\$1,702	\$2,263	\$2,348	\$2,553	\$3,403	\$4,254	\$5,105	\$6,807
4	\$2,050	\$2,727	\$2,829	\$3,075	\$4,100	\$5,125	\$6,150	\$8,200
5	\$2,398	\$3,190	\$3,310	\$3,598	\$4,797	\$5,996	\$7,195	\$9,593
6	\$2,747	\$3,653	\$3,790	\$4,120	\$5,493	\$6,867	\$8,240	\$10,987
7	\$3,095	\$4,116	\$4,271	\$4,643	\$6,190	\$7,738	\$9,285	\$12,380
8	\$3,443	\$4,580	\$4,752	\$5,165	\$6,887	\$8,608	\$10,330	\$13,773

Add \$348.34 for each person over 8

OFFICE USE ONLY

**Case Notes:**

---



---



---



---



## Common Grounds Food Service Training to Employment Program

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

**Monday-Thursday: 8:00am-3:00pm | Breakfast will be offered at 7:30am**

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 Training to Employment 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 Training to Employment Program from any and all claims that 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, 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 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 of 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](mailto:ProgramAssistant@mannaonmain.org) or to her attention at the address below.

Upon receipt, Sue will contact you to schedule 1:1 application review.

Common Grounds Food Service Training to Employment Program  
Manna on Main Street  
606 E. Main Street, Suite 1001, Lansdale PA 19446

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



**MANNA ON MAIN STREET**

**VOLUNTEER AFFIDAVIT REGARDING PENNSYLVANIA ACT 153 COMPLIANCE  
REQUIRED BY CHILD PROTECTIVE SERVICES LAW**

**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

Please check each box to indicate that you swear the following to be true:

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a clearance through the Federal Bureau of Investigation, as:

- The position I am applying for is unpaid; and
- I have been a resident of PA during the entirety of the previous ten (10)-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Laws.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or foreign nation or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)	Section 3127 (relating to indecent exposure)
Section 2702 (relating to aggravated assault)	Section 4302 (relating to incest)
Section 2709.1 (relating to stalking)	Section 4303 (relating to concealing death of child)
Section 2901 (relating to kidnapping)	Section 4304 (relating to endangering welfare of children)
Section 2902 (relating to unlawful restraint)	Section 4305 (relating to dealing in infant children)
Section 3121 (relating to rape)	A felony offense under section 5902 (b) (relating to prostitution and related offenses)
Section 3122.1 (relating to statutory sexual assault)	Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
Section 3123 (relating to involuntary deviate sexual intercourse)	Section 6301 (relating to corruption of minors)
Section 3124.1 (relating to sexual assault)	Section 6312 (relating to sexual abuse of children)
Section 3125 (relating to aggravated indecent assault)	
Section 3126 (relating to indecent assault)	

**MANNA ON MAIN STREET**

**VOLUNTEER AFFIDAVIT REGARDING PENNSYLVANIA ACT 153 COMPLIANCE  
REQUIRED BY CHILD PROTECTIVE SERVICES LAW**

**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying a volunteer position and/or participating in a program, activity or services under the Child Protective Services Law as listed above, or named as a perpetrator in a founded or indicated report, I must provide the Employment & Social Services Coordinator (or in her absence, the Program Director) with written notice no later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program or activity under the Child Protective Services Law, or was named as a perpetrator in a founded or indicated report, or I have provided notice as required under this section, the Employment & Social Services Coordinator (or in her absence, the Program Director) shall immediately require me to submit to clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate.

I swear/affirm that I have not been involved in the attempt, solicitation, or conspiracy to commit any of the offenses set forth above. I understand that I will not be considered for a volunteer position if I am named as a perpetrator of a founded report of a child abuse or convicted of any of the crimes listed above subsequent to providing the required clearances. I also understand that Manna on Main Street retains the right to deny or dismiss me from a volunteer position for any reason that, in its judgment, renders me unsuitable to serve in that capacity.

I understand that if I willfully fail to disclose information required above is a misdemeanor of the third degree and shall be subject to denial of a volunteer position.

I understand that the designee of Manna on Main Street is required to maintain a copy of my clearances on file.

I hereby swear/affirm that the information as set for above is true and correct. I understand that the penalty for false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

SIGNATURE (Volunteer): [\\_\\_Click here to enter text.](#)\_\_\_\_\_

SIGNATURE (Staff witness): [\\_\\_Click here to enter text.](#)\_\_\_\_\_DATE: [\\_\\_Click here to enter a date.](#)\_\_\_\_\_