

## HOMELESS GARDEN PROJECT - TRAINING PROGRAM APPLICATION

Thanks for your interest in the Homeless Garden Project Training Program! This program provides training in two main areas: (1) job skills (including organic farming, nursery operations, and sales) and (2) life skills (for example, improving communication skills, setting personal goals). If this type of program interests you please fill out this application. There are no "right" or "wrong" answers. This is just a way for us to learn about your previous work experience, your training priorities, and your life goals.

1. Name: \_\_\_\_\_ 2. Social Security # \_\_\_needed on hire\_\_\_

3. Address: \_\_\_\_\_ 4. Phone: \_\_\_\_\_  
\_\_\_\_\_

5. Emergency contact, next of kin (name, address, and phone) \_\_\_\_\_  
\_\_\_\_\_

6. Do you currently have a place to live?     Yes         No

a. If yes, where? \_\_\_\_\_ How long can you stay there? \_\_\_\_\_

b. If no, how long have you been without a place to live? \_\_\_\_\_

c. Is housing a priority for you?     Yes         No

7. What is the highest level of schooling you've completed? Check one:

<input type="checkbox"/> 8 <sup>th</sup> Grade or less	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> Grade, no diploma	<input type="checkbox"/> Bachelors
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Masters or Doctorate
<input type="checkbox"/> Vocational School	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Some college, did not finish degree	

8. Were you ever in the Armed Services?     Yes         No

a. If yes, which one and how long? \_\_\_\_\_

b. What was your specialty skill? \_\_\_\_\_

9. Have you ever been convicted of a felony or a misdemeanor that resulted in jail time? [*Please do not include (1) information about any convictions for minor traffic offenses, or (2) information about referral to and participation in any pre-trial or post-trial diversion program, or (3) information about any convictions for the marijuana-related offenses set forth in Labor Code Section 432.8, or (4) convictions which have been judicially sealed.*]

Yes

No

If yes, please explain. A conviction will not necessarily disqualify you. Each case is considered individually.

10. Our training program requires the ability to stand for long periods of time, stoop, squat, kneel, and/or bend frequently, and occasionally lift 30 lbs. Can you, with or without accommodation, perform these movements?

- Yes
- No

If no, please explain:

11. Have you ever been employed?

- Yes
- No

If yes, please provide the following information beginning with your most recent job (**\*\*Note: we do not contact your former employers:\*\***):

**\*\*This can be removed if not applicable\*\***

<u>Name of employer</u>	<u>Dates employed</u>	<u>Job description</u>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

12. What work skills did you use in your past jobs?

13. Have you ever worked in any of the following areas? If yes, please describe.

a. Gardening/Farming       No     Yes, \_\_\_\_\_

b. Nursery/Greenhouse       No     Yes, \_\_\_\_\_

c. Sales       No     Yes, \_\_\_\_\_

14. What do you see as your three greatest strengths in the workplace?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

15. What do you see as your three greatest weaknesses in the workplace?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

16. We offer a training program of up to three years. The minimum commitment is one growing year which lasts from April through November. Do you foresee any circumstances that might prevent you from staying for the whole season?

No

Yes

If yes, please explain:

17. Below is a list of some of the elements of our training program. We want to know what your priorities are while you are here. Please think about how important each element is to you and place a score next to each item. (There are no right or wrong answers here!)

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
not important neutral very important

- Being part of a community and making new friends \_\_\_\_\_
- Getting support from staff for meeting my personal goals \_\_\_\_\_
- Getting connected to social services (like health care) \_\_\_\_\_
- Receiving farm and garden training \_\_\_\_\_
- Receiving retail and flower design training \_\_\_\_\_
- Improving my communication skills \_\_\_\_\_
- Spending time in a safe space \_\_\_\_\_
- Spending time in nature \_\_\_\_\_
- Earning wages \_\_\_\_\_
- Eating lunch at the farm \_\_\_\_\_
- Learning about nutrition \_\_\_\_\_
- Learning about financial planning \_\_\_\_\_

18. What are the three most important reasons that you want to work here?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

19. After completing the training program, how do you plan to use what you learn here?

20. Teamwork and cooperation while working in the garden is very important to us.

a. Is there anything preventing you from working closely with others?       Yes       No

If yes, please explain:

b. Do you usually prefer to work alone?       Yes       No

21. Thank you for filling out this application. If you match our criteria, we will contact you for an interview. If you pass the interview, you will be hired for a two-month paid introductory period where we get to know each other better. After the two months we'll let you know if we think you are a good match for our training program. If you are, and you are still interested in participating, then you will become part of the crew. Your continued participation in the program will be based in part on your making regular progress toward both job training and personal goals. Progress, and ways we can support you, will be assessed at check-ins with Project staff every six months. Do you understand this?       Yes       No

I certify that the information appearing on this application for the Homeless Garden Project Training Program is true and complete to the best of my knowledge. I agree that my failure to provide true and complete information here or elsewhere in the pre-hire process may be sufficient reason for denying me employment or dismissing me if I am employed.

All employment with the HGP is at-will meaning that your employment with HGP and your participation in the HGP Training Program can be terminated at any time for any reason, or no reason.

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