

APPLICATION FOR TRAINING

Coffee For Good Incorporated (“Coffee for Good”), a 501 (c)(3) non-profit, employs and trains people with intellectual and developmental disabilities by operating a coffee shop in Greenwich, CT. The primary mission of **Coffee for Good** is to improve the lives of people with disabilities by reducing the high unemployment rate of people within that community. **Coffee for Good** operates a training platform that pays our employees an hourly wage and prepares them for competitive employment. After training has concluded - a process we expect will last between six and twelve months - our trainees will celebrate their success with a graduation ceremony. Our employee/trainees will work approximately three days a week with a shift of three hours each day. Our training hours begin at 7:30am and end at 7:30pm; our customer hours begin at 8am and end at 6pm.

# Purpose

The purpose of this application is to request information so we can determine positions and compatibility at **Coffee for Good**. **Coffee for Good** is a training platform where employees will learn skills “on the job,” while fully immersed in helping to operate a coffee shop. Employees are working on technical and professional skills towards independence in the workplace and will be available to join the workforce upon graduation.

This application enables the Employment Committee to properly assess each candidate’s skills, abilities and background. A parent, candidate, counselor, school staff, and/or employer will be contacted by the Employment Committee to gather additional information.

# Selection Process Guidelines

**Coffee for Good works with one of our founders, Abilis, to provide employment support or job coaches.**

1. Application should be emailed to:

training@coffeeforgood.org

1. Completing this application does not guarantee acceptance.
2. The Employment Committee will only accept fully completed applications; any incomplete application will be not be considered.
3. If accepted and if a student is still under the purview of public schools, an IEP may be developed with the school IEP team. This is entirely the decision of the IEP team, not **Coffee for Good**.
4. The Employment Committee will check references in this application and based on the information provided and will interview all qualified applicants.
5. In addition to an interview, **Coffee for Good** may have Assessment Days (date, time and place TBA) where prospective employees will meet the **Coffee for Good** team and undergo several “skill assessments”.
6. As soon as possible after Assessment Day, applicants will be notified of whether they will be invited to join **Coffee for Good** employment training.

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Street Address** |  |
| **City, State ZIP** |  |
| **Email** |  |
| **Phone** |  |
| **Guardianship Status** |  |
| **Guardian Name** |  |
| **Guardian Address** |  |
| **Guardian Phone** |  |
| **Referred By** |  |

**EDUCATION**

LIST BELOW YOUR EDUCATIONAL BACKGROUND, INCLUDING HIGH SCHOOL/GED AND ANY TRADE OR TRAINING YOU HAVE COMPLETED.

High School

|  |  |
| --- | --- |
| **Name and Address** |  |
| **Dates of Attendance and** **Years Completed** |  |
| **Graduation Year** |  |

Other Education or Job Related Training

|  |  |  |
| --- | --- | --- |
| **Name of School or Program** | **Dates of Attendance** | **Course of Study** |
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**EMPLOYMENT HISTORY**

Please provide an accurate and complete list of your part-time and/or full-time employment. You may also include as part of your employment history any verified work performed on a volunteer basis. Start with your most recent employer.

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| --- | --- | --- | --- | --- |
| **Employment Dates** | **Employer Name / Phone#** | **Position** | **Job Duties** | **Direct Supervisor Name** |
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**REFERENCES**

Please provide up to three: service provider, job coach, and direct supervisor or work-related references.

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| --- | --- | --- | --- |
| **Reference Name** | **Phone #** | **Relationship to Applicant** | **Years Known** |
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**ADDITIONAL QUESTIONS**

Please tell us why you would like to work at Coffee for Good and how you would be a great member of our team:

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| --- | --- | --- |
|   | Yes | No |
| Can you work Saturdays and some holidays? |  |  |
| Do you have a Job Coach or Support Provider? |  |  |
| Are you available to work from 7:30 am and as late as 7:30 pm (not on the same day)? |  |  |
| Do you have vacation plans in the next six months? If yes, please tell us the dates. |  |  |

Availability: Our training sessions are three hours long and are as follows: 7:30am to 10:30am, 10:30 am to 1:30pm, 1:30pm to 4:30pm and 7:30pm. Each trainee will work one session 3 days a week for a total of 9 hours a week. Coffee for Good will be open Monday through Saturday. Please indicate if you are **not** available certain days or certain training session times.

If you have a Job Coach or Support Provider, please provide name and phone number:

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Name**:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Guardian’s Signature** |  | **Date** |  |
| **Applicant’s Signature** |  | **Date** |  |
| **Date Received by Coffee for Good** |  |  |  |

EQUAL OPPORTUNITY EMPLOYER

We appreciate your interest in working at **Coffee for Good**; it is the policy of **Coffee for Good** that employees should enjoy a work environment free from all forms of unlawful employment discrimination or harassment.

All decisions regarding recruiting, hiring, promotion, assignment, training, termination, and other terms and conditions of employment will be made without unlawful discrimination on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity or expression, religion, age, pregnancy, disability, work-related injury, covered veteran status, political ideology, genetic information, marital status, or any other factor that the law protects from employment discrimination. Individuals will progress through our training programs based on the skill and ability demonstrated by each trainee. Supervisory staff ​will be selected for promotion based on demonstrated skill and ability. ​Where skill and ability are comparable, then length of continuous employment by **Coffee for Good** and length of relevant employment elsewhere will be contributing factors.

Additionally, **Coffee for Good** prohibits unlawful harassment of its employees, applicants, or independent contractors in any form. Complaints of unlawful employment discrimination or harassment should be reported directly to the either the Executive Director or the Chairman of the Board of Directors. In cases where a subsequent investigation confirms the allegations, appropriate corrective action will be taken, regardless of whether the inappropriate conduct rises to the level of any violation of law.

No employee will suffer retaliation for reporting, in good faith, any violation of **Coffee for Good** policy or unlawful discrimination, harassment, or retaliation.

**APPLICANT CERTIFICATION**

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge.
I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I understand that **Coffee for Good** is a drug-free workplace. I agree to work under the conditions required by a drug-free workplace, consistent with applicable federal, state, and local law. If employed, I understand that the taking of alcohol and/or drug tests may be a condition of continual employment and I agree to undergo alcohol and drug testing consistent with **Coffee for Good’s** policies and applicable federal, state, and local law.

If employed by **Coffee for Good**, I understand and agree that the **Coffee for Good**, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

Nothing in this application shall constitute an offer of employment. Notwithstanding any document or statement, written or oral, any employment shall be at-will. No officer, employee or representative of the company is authorized to enter into an agreement – express or implied – with me or any applicant for employment for a specified period of time or otherwise modifying the at-will nature of employment, unless such an agreement is in a written contract signed by the president of the company.

If hired, I agree to conform to the rules and regulations of **Coffee for Good**, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize **Coffee for Good** or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the abovementioned information. I hereby release, discharge, and hold harmless, to the extent permitted
by federal, state, and local law, any party delivering information to **Coffee for Good** or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability **Coffee for Good** and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize **Coffee for Good** to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by **Coffee for Good**, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by **Coffee for Good**. I also understand **Coffee for Good** employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF Ninety (90) DAYS AFTER A COMPLETE, SIGNED APPLICATION IS RECEIVED. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND ANSWERED ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

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| **Applicant’s Signature** |  | **Date** |  |
| **Guardian’s Signature** (if applicable) |  | **Date** |  |

**VOLUNTARY & CONFIDENTIAL SELF-IDENTIFICATION OF DISABILITY**

The mission of **Coffee for Good** is to improve the lives of people with intellectual and developmental disabilities by reducing the high unemployment rate of people within that community by operating a coffee shop as a training platform. To help us to measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability.

Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and confidential and will not be used against you in any way.

What is an intellectual or developmental disability?

You are considered to have a disability if you have a mental impairment that substantially limits a major life activity, or if you have a history or record of such an impairment.

Please check one of the responses below:

|  |  |
| --- | --- |
|  | Yes, I have a disability |
|  | No, I do not have a disability |
|  | I do not wish to answer |

**PHOTO/VIDEO PERMISSION AND RELEASE**

I, ,

give permission to Coffee For Good Incorporated, or any successor in interest thereto, (“**Coffee for Good**”) to use the likeness and voice of my ward, minor child, or myself (“Participant”), alone or with others, by means of photograph, video, audio recording, or any other medium that exists now or in the future and is chosen by **Coffee for Good** for use in promotional materials, fundraising or publicity, or for any other legal use within the scope of **Coffee for Good’s** purpose. This right to use includes the right to edit the likeness and voice. I understand Participant’s likeness and voice may appear in internal publications, promotional audio/visual presentations, or external publicity, including, without limitation, use in **Coffee for Good’s** website, social media, newsletters, annual report, television or movies. “Use” also includes the right to use Participant’s name in connection with the likeness and voice.

I agree that I will l have no right to (i) pre-approve **Coffee for Good’s** use or editing of Participant’s likeness or voice as described above, (ii) claim compensation for **Coffee for Good’s** use of Participant’s likeness or voice as described above, or (iii) make any claims based on **Coffee for Good’s** use or discontinuance of use of Participant’s likeness or voice as described above, including any claims for libel, defamation or invasion of privacy. I agree that **Coffee for Good** will own all images and voice recordings taken or made by it or its representatives.

I understand that if Participant’s image or voice appears on **Coffee for Good’s** website or social media or is otherwise distributed by **Coffee for Good**, it may be viewed, heard and copied by third parties. I waive any claims against Coffee for Good and agree not to hold **Coffee for Good** responsible for use of Participant’s likeness, voice, or name by third parties.

I have the right to contract in my own name or I am the parent or guardian with authority to sign this permission and release on behalf of the Participant. I have read this agreement and I fully understand it. This permission and release is binding on me and my heirs, legal representatives and assigns.

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| --- | --- | --- | --- |
| **Participant Printed Name** |  |  |  |
| **Participant Signature** |  | **Date** |  |
| **Parent/Guardian Printed Name**(if applicable) |  |  |  |
| **Parent/Guardian Signature** (if applicable) |  | **Date** |  |