



# *Feed Me Hope* Job Training Program Application

I am applying for the  
(INITIALS)



\_\_\_\_\_ **FMH Bakery (Women Only)**



\_\_\_\_\_ **FMH Culinary**

## Mandatory Criteria

1. \_\_\_\_\_ 18 years of age or older.  
Initials
2. \_\_\_\_\_ Low income (less than \$15,000/year) or homeless.  
Initials
3. \_\_\_\_\_ Eligible for SNAP (Food Stamps) or currently receiving it.  
Initials
4. \_\_\_\_\_ Able to work part-time (20 hours/week) after graduation.  
Initials
5. \_\_\_\_\_ Able to stand for at least 3 hours at a time.  
Initials

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## Application Requirements

1. You **MUST** provide contact information where you can be reached, either a phone number, email, or social media page.
2. Your application **MUST** be filled out by you and only you with pen or pencil.
3. You **MUST** fill out the entire application. Incomplete applications will not be considered for acceptance.
4. Please **READ** each question carefully and take your time to explain your answers as needed.
5. Please **PRINT** clearly. If we can't read it, we can't accept it.

**PLEASE NOTE:** The *Feed Me Hope* Job Training Program is a faith-based program focused on genuine life-transformation. Our purpose is not to make someone a better needy or homeless person, but to give our students a hand-up, not a handout, and change from homelessness to healthy, productive members in our community.

# ***STAFF/OFFICE USE ONLY***

## *Feed Me Hope* Staff Receiving Application (Initials)

Chef David \_\_\_\_\_ Daja \_\_\_\_\_ Richard \_\_\_\_\_

Chris \_\_\_\_\_ Cherish \_\_\_\_\_ Savannah \_\_\_\_\_

Before accepting an application, please review the entire application and check for the following:

- \* Contact information
- \* Legible writing, either in pen or pencil
- \* Filled out entirely, answers explained as needed

Ask clarifying questions if necessary. Use the space below to record your first impressions, the applicant's demeanor, positive/negative feedback, or any other information that may be helpful.

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**Please submit this application to the FMH Employment Specialist for filing.**

# Feed Me Hope Application & Assessment

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

Full Legal Name (PRINT): \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address:

Street Address City/State Zip Code

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Best method of contact?  Primary Phone  Secondary Phone  Email  Social Media

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Race / Ethnicity:** (Check all that apply)

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

- Are you a U.S. Citizen?  Yes  No
- Are you an immigrant or refugee or new arrival to this country?  Yes  No  
*If yes, do you have proper immigration documents?*  Yes  No
- Are you limited in your ability to communicate in English?  Yes  No
- Are you eligible to work in the US?  Yes  No
- Have you ever served in active duty in the U.S. military, including National Guard or Reserves?  
 Yes  No  
*If yes, Active Dates:* \_\_\_\_\_  
Honorable Discharge?  Yes  No

**OFFICE USE ONLY**

Notes:

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# Health

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

If yes, please explain: \_\_\_\_\_

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

If yes, please list which types of drugs and/or alcohol?

\_\_\_\_\_

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

If yes, please list which types, the frequency, and amount used:

\_\_\_\_\_

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

- Have you ever attended a treatment program for drugs or alcohol?  Yes  No

If yes, where: \_\_\_\_\_ When: \_\_\_\_\_

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

If yes, please list diagnosis: \_\_\_\_\_

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

If yes, please explain treatment: \_\_\_\_\_

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

If yes, please list meds and dates:

\_\_\_\_\_

List all medications you are currently taking ***and*** all prescribed medication which you are ***not*** taking:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Notes:

\_\_\_\_\_

\_\_\_\_\_

# Housing

Are you currently homeless?  Yes  No  
(i.e., living on the streets, in a car/RV or a structure without utilities)

Zip code where you stayed last night? \_\_\_\_\_

• **Type of housing where you live right now?**

- On the street
- Shelter (specify): \_\_\_\_\_
- Section 8 Housing
- Transitional Housing (specify): \_\_\_\_\_
- Treatment Facility (specify): \_\_\_\_\_
- Other: \_\_\_\_\_
- Your own home/apartment (\*provide address below)
- Relative's place permanently (\*provide address below)
- Friend's place permanently (\*provide address below)
- Fleeing domestic violence and facing homelessness
- Temp. living w/friends/family; need to move ASAP

• **Current address/location of where you are staying?**

If you can't provide an address, please describe location or give directions to find it:

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

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

• **What is your household composition?**

- Single parent / female / household w/minors
- Single parent / male / household w/minors
- Two-parent / household w/minors
- Other related adults' w/minors
- Single adult
- Single minor
- Other adult relatives
- Unknown

How long have you lived in AK? \_\_\_\_\_ Where did you live before that? \_\_\_\_\_

# Education

• **Did you graduate from High School?**  Yes  No

If no, highest grade completed? \_\_\_\_\_ Did you receive a GED?  Yes  No Year: \_\_\_\_\_

• **Additional Education/Training:**

- Some college
- AA or Equivalent
- Vocational/Technical School
- Bachelor's Degree
- Graduate School/Degree
- Other: \_\_\_\_\_

• **Do you have any additional education or training?**  Yes  No

Program/School: \_\_\_\_\_ Year completed: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

**OFFICE USE ONLY**

Notes:

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# Employment

Please list all food related employment:  None

_____	_____	_____	_____
Company/Restaurant Name	Start Month/Year	End Month/Year	City/State
_____	_____	_____	_____
Company/Restaurant Name	Start Month/Year	End Month/Year	City/State
_____	_____	_____	_____
Company/Restaurant Name	Start Month/Year	End Month/Year	City/State

- Have you had any kind of employment in the last 12 months?  Yes  No

**If Yes:** Employer Name or Company: \_\_\_\_\_ Job Position/Title: \_\_\_\_\_

How long did you work (in months)? \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ Hours / week: \_\_\_\_\_

**If No:** What year did you last work? \_\_\_\_\_ Employer Name or Company: \_\_\_\_\_

What is your reason for not working? \_\_\_\_\_

- Check all barriers you have experienced:

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

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

## OFFICE USE ONLY

Notes:

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# Legal

## Background Check Release

For *Feed Me Hope* to be able to assist our students in achieving self-sufficiency, we need to be aware of any barriers to success our applicants face. We ask that all applicants consent to a criminal history search. By initialing below, you agree to allow *Feed Me Hope* Staff to conduct a criminal history search. **FMH Staff will be aware of your criminal background before interviews occur.** Having a criminal background does NOT automatically disqualify you or ruin your eligibility.

\_\_\_\_\_ *I understand that failure to disclose criminal convictions can be grounds for denial of enrollment.*  
Initials

Are you on Probation?  Yes  No      Are you on Parole?  Yes  No

PO Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## OPEN/PENDING/UPCOMING

List court dates, warrants and any other upcoming legal issues. (Continue on back page if necessary.)

None

_____	_____	_____	_____
Pending Charge	Month & Year	City/State	Next Scheduled Court Date
_____	_____	_____	_____
Pending Charge	Month & Year	City/State	Next Scheduled Court Date
_____	_____	_____	_____
Pending Charge	Month & Year	City/State	Next Scheduled Court Date

## FELONY CONVICTIONS

You will be asked to **EXPLAIN** all felony convictions, if interviewed. (Continue on back if necessary.)

None

_____	_____	_____
Conviction	Month & Year	City/State
_____	_____	_____
Conviction	Month & Year	City/State
_____	_____	_____
Conviction	Month & Year	City/State
_____	_____	_____
Conviction	Month & Year	City/State
_____	_____	_____
Conviction	Month & Year	City/State

# Legal (Continued)

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## MISDMEANOR CONVICTIONS

*(Continue on back if necessary.)*

None

Conviction	Month & Year	City/State
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Conviction	Month & Year	City/State

### OFFICE USE ONLY

Notes:

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# Financial & Supportive Services

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- Are you currently receiving **income** from:

Social Security (including SSI and SSDI):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Adult Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Housing Assistance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Basic Food Benefits: SNAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
AK Temporary Assistance Program (ATAP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Veteran's Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Veteran's Health Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medicare:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employment Income:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Unemployment Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Child Support:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Non-custodial parent <b>and</b> paying child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$ _____
Other (specify): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

- **Are you involved with any of the following agencies or programs?**

<input type="checkbox"/> Division of Vocational Rehabilitation (DVR)	<input type="checkbox"/> Partners Reentry Center (PRC)
<input type="checkbox"/> Neighbor works	<input type="checkbox"/> Anchorage Gospel Rescue Mission
<input type="checkbox"/> Rural Cap	<input type="checkbox"/> South Central Foundation (SCF)
<input type="checkbox"/> Cook Inlet Tribal Council (CITC)	<input type="checkbox"/> Catholic Social Services (CSS)

- **Do you have a Case Manager?**  Yes  No

If yes, Case Manager's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Are you willing to sign a **Release of Information Form** for *Feed Me Hope* to work and communicate with your doctor, counselor, case manager, parole/probation officer and/or other service providers?  
 Yes  No

## OFFICE USE ONLY

### Notes:

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# *Feed Me Hope Student Hours*

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Bakery: Monday – Friday, 8:00AM - 3:30PM

Culinary: Monday – Friday, 10:30AM - 7:00PM

\_\_\_\_\_ I understand that I am ***required*** to be available during the appropriate schedule listed above.  
Initials

- **Please tell us why you are applying to *Feed Me Hope*:**

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- **Please explain your goals for future employment:**

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- **How did you find out about *Feed Me Hope*? (Check all which apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> <i>Feed Me Hope</i> Student / Graduate: _____ | <input type="checkbox"/> PRC (Partners Reentry Center)         |
| <input type="checkbox"/> <i>Feed Me Hope</i> Staff: _____              | <input type="checkbox"/> SCF (South Central Foundation)        |
| <input type="checkbox"/> Downtown Hope Center Staff: _____             | <input type="checkbox"/> DOC Referral                          |
| <input type="checkbox"/> DHC Women’s Shelter                           | <input type="checkbox"/> Aviator/Sullivan Arena/Rescue Mission |
| <input type="checkbox"/> AK Housing                                    | <input type="checkbox"/> CITC                                  |
| <input type="checkbox"/> AK Mental Health Consumer Web                 | <input type="checkbox"/> Catholic/Lutheran SS                  |
| <input type="checkbox"/> AWAIC   | <input type="checkbox"/> Covenant House                        |
| <input type="checkbox"/> Poster/Flyer (Location): _____                | <input type="checkbox"/> Clitheroe                             |
| <input type="checkbox"/> Other: _____                                  | <input type="checkbox"/> Anchorage Job Center                  |

- **Have you ever applied to the *Feed Me Hope* Job Training program before?**

Yes     No    *If yes, what year?* \_\_\_\_\_

- **Have you ever volunteered at Downtown Hope Center before?**

Yes     No    *If yes, what year?* \_\_\_\_\_

# Feed Me Hope Program Requirements

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## *I understand that...*

- *Feed Me Hope* is a **Faith-based job training program**. By participating, I am **committed** to gaining employability skills with the end goal of obtaining at least part-time **employment**. \_\_\_\_\_  
Initials
- **Daily attendance** is required, and **100% participation** is expected. \_\_\_\_\_  
Initials
- I must be **on time** and prepared to stay the **entire duration** of my daily schedule. \_\_\_\_\_  
Initials
- I must be **coachable** and willing to **accept instruction** from *FMH* instructors. I will complete **all work** that is assigned to me with a **positive attitude**. \_\_\_\_\_  
Initials
- I must be **willing** to confront my personal challenges and/or barriers toward **successful employment and self-sufficiency**. \_\_\_\_\_  
Initials
- I must be **clean and sober**. \_\_\_\_\_  
Initials
- I may **not** use *Feed Me Hope* as an address for any purpose, including mail, packages, deliveries, etc. (If exceptions are made, *FMH* is **not** responsible for any mail that is lost or not delivered.) \_\_\_\_\_  
Initials
- If available, I will be provided a **locker** and **combination lock** for my use while I am enrolled in the *Feed Me Hope* Job Training Program. \_\_\_\_\_  
Initials
- *Feed Me Hope* is **not** responsible for damage, loss or theft of any of my personal property. \_\_\_\_\_  
Initials

*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. I understand that receiving services is subject to availability of government funds.*

**\*\*Intentional false statements may result in termination from Feed Me Hope\*\*  
**Applications may ONLY be submitted to Feed Me Hope Staff.****

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_