

Please email application to [orders@feedbakery.org](mailto:orders@feedbakery.org) or contact Amber at 608-444-1072

**NPC is the Northside Planning Council**  
**NPC/FEED Bakery Learn and Earn Internship Application**  
(No answer will disqualify you, please be Honest in your responses)

**General Information**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Preferred way to be contacted: \_\_\_ Email \_\_\_ Phone \_\_\_ Text

Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Other: Preferred Pronoun/Name \_\_\_\_\_

Race/Ethnicity\* \_\_\_\_\_ Email: \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_ No \_\_\_

If not, are you legally entitled to work in the United States? Yes \_\_\_ No \_\_\_

Have you ever served in the armed forces? Yes \_\_\_ No \_\_\_

Why are you applying to this training program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Referral**

Who referred you to the FEED Bakery Program?

Name \_\_\_\_\_ Agency: \_\_\_\_\_

Relationship \_\_\_\_\_ (for example, case manager, sponsor, friend)

**Housing/Transportation/Access**

- 1) Do you have a stable living arrangement while you will be attending this class? Yes \_\_\_ No \_\_\_
- 2) Will you have dependable transportation while attending this class (car, bus, bike, family, friend)? Yes \_\_\_ No \_\_\_
- 3) Will you be accessible by phone during the class session? Yes \_\_\_ No \_\_\_

**Physical Requirements**

1) The bakery training program requires you to be able to lift 50 lbs. and be on your feet for long periods of time (6 – 8 hours per day). Do you have a condition or disability that would limit your ability to meet these physical requirements? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

2) Students are required to report to class and any training program events drug and alcohol free. If a student is found to be under the influence during training or sponsored events, they will be immediately terminated from the course. Do you understand this requirement? Yes \_\_\_ No \_\_\_

**Educational History**

Please provide a summary of your educational history to include High School, and any post high school vocational, college or other training programs:

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Please list your work experience in the following charts. Start with the last job you held.

Name of Employer:	Supervisor's Name	From:	To:
Job or Job title:			
Describe the jobs you held, duties performed, skills used:			
Reason for leaving:			

Name of Employer:	Supervisor's Name	From:	To:
Job or Job title:			
Describe the jobs you held, duties performed, skills used:			
Reason for leaving:			

Name of Employer:	Supervisor's Name	From:	To:
Job or Job title:			
Describe the jobs you held, duties performed, skills used:			
Reason for leaving:			

Please give details of any food service training or experience you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal History**

Do you have any warrants, upcoming court dates or legal problems? Yes \_\_\_ No \_\_\_

Are you on probation, parole or work release? Yes \_\_\_ No \_\_\_

If yes to either or both, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony?** Yes \_\_\_ No \_\_\_

The charge/s? \_\_\_\_\_

If yes, explain when and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a sexual offense?** Yes \_\_\_ No \_\_\_

If yes, explain when and why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgement of NPC/FEED Bakery Program Requirements**

Listed below are some of the Training Program requirements: Please initial after each one if you agree to them.

- I understand that daily attendance is required. \_\_\_\_\_
- I understand that I am required to remain drug and alcohol free. \_\_\_\_\_
- I understand that I must be on time and prepared to stay the entire time. \_\_\_\_\_
- 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 barriers. \_\_\_\_\_
- I understand that NPC/FEED Bakery is not responsible for damage, loss or theft of my personal property. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give NPC/FEED Bakery permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release NPC/FEED Bakery from any liability as a result of such contract.

I also understand that:

- (1) The NPC/FEED Bakery has a drug and alcohol policy that provides for random and causal testing before and/or during the program.
- (2) I consent to and am in compliance with such policy at the time of my enrollment; and
- (3) My continued enrollment is based on the successful passing of testing under such a policy.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sponsor/Service Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## NPC/FEED Bakery Release & Authorization Form

I (Applicant/Student), \_\_\_\_\_, do hereby authorize NPC/FEED Bakery's Job Training Staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Bakery Job Training Program, and information provided in Personal Life Contract Sessions with staff to: (agency, case manager, parole or probation officer)

\_\_\_\_\_.

This release of information shall expire on one year of the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release NPC/FEED Bakery and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

I (Applicant/Student name), \_\_\_\_\_, do hereby authorize (agency, case mgr., parole or probation officer) \_\_\_\_\_ to release any and all information about professional services I have received from (agency, case mgr., parole or probation officer) since (date of service/relationship) \_\_\_\_\_, including but not limited to, records of appointments, diagnostic information, course of treatment to NPC/FEED Bakery for the purpose of

\_\_\_\_\_.

This release of information shall expire in one year of the date of signature on this form, unless revoked by me in writing at an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case mgr., parole or probation officer), \_\_\_\_\_ its officers, directors, and employees from any claims arising out of the release of the information described herein.

In addition, I hereby release NPC/FEED Bakery and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

**Applicant / Student Signature:**

\_\_\_\_\_

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

**NPC/FEED Bakery Job Training Staff's Signature:**

\_\_\_\_\_

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

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