

2020

Opportunity
IS KNOCKING

Monterey County HELP Application



www.montereycountywdb.org

MONTEREY COUNTY
WORKFORCE
DEVELOPMENT BOARD



Monterey HELP COVID-19 Project

Monterey County Workforce Development Board has several initiatives available to support both employers and job seekers as we all work together to overcome obstacles related to the recent COVID-19 pandemic that has affected us all.

The Monterey HELP program provides workers impacted by COVID-19 with over 20 weeks of paid work experience and the opportunity to give back to their community. This program uses disaster recovery funding to pay program participants to assist the Food Banks of Monterey County and Santa Cruz County, and the Coalition of Homeless Services Providers in Monterey County.

Program participants will help with food distribution and housing assistance to those in need.

The **Mission** of the Monterey HELP is to educate about the impact COVID-19 had on the workforce and the community of Monterey County.

The **Purpose** of Monterey HELP is an opportunity to understand impact on humanitarian work. Working at The Monterey Food Bank, Monterey County Homeless Coalition and Santa Cruz Food Bank. This is a 20-week work experience program.

For more information applicant can call 866-666-9332. Non-profits may call 844-932-4249

Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Were you affected by the COVID-19? YES NO If yes, how? _____

Are you temporarily or permanently laid off because of COVID-19? YES NO

Have you been unemployed for more than 15 of the previous 26 weeks? YES NO

Were you self-employed and became significantly underemployed as a consequence of COVID-19? YES NO

Do any of the follow situations applies to you? YES NO

Authorized to work in U.S., and

- 1. Terminated or laid off, eligible for or exhausted UI and unlikely to return to industry or occupation; or
- 2. Lost job from permanent closure or substantial layoff of a plant, facility or enterprise; or
- 3. Was self-employed and now unemployed because of economic conditions or natural disaster; or
- 4. Displaced Homemaker; or

Spouse of a member of Armed Forces who lost employment due to permanent change in duty station or is unemployed, underemployed and has difficulty finding or upgrading employment

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____ YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Supplemental Required Question

1. Do you have any food allergies or restrictions? What are they? _____
Yes
No
2. Are you willing to work flexible shift schedules, rotating work locations, holidays and weekends?
Yes
No
3. Are you willing to be exposed to unpleasant field conditions including rainy, cold, windy, or hot weather?
Yes
No



Monterey County Workforce Development Monterey HELP Application 2020 Social Media Policy Commitment/Agreement

I _____ agree not to post Photos and comment made by others in Monterey HELP Participants and Speakers on Social Media platforms without permissions and coordination from Susan Marscellas.

This program is set in an open “safe place” learning environment where Participants and Speakers feel free to be open and safe to share their true feeling, stories and opinions but that does not mean it is for public viewing.

We encourage you to “friend” and follow Monterey County Workforce Development Board on *Facebook*, *Instagram* and *Twitter*. It would be great if you would “repost” or “like” what is posted. **For the privacy the other participants and instructors/speakers do not post anything without prior permission.**

Please share your photos of the Monterey HELP program with us, email photos to Susan Marscellas, MarscellasS@ca.monterey.co.us

Thank you for your understanding and respecting the privacy of others.

I agree not to post photos or comments of or about other without permission.

Signature: _____

Print Name: _____

Date: _____

Email: _____

Cell Phone: _____



PHOTO RELEASE FORM

I _____ hereby grant permission to *Monterey County Workforce Development Board* for use of photographs and/or videos of me taken on (date _____) at (location _____) for online newsletters, print publications, news releases, website, blogs, social media such as Facebook, Instagram, snapchat, and in other Social Media communications related to the mission of promoting the *Coastal Region and Monterey County Workforce Development Board*.

Event: _____

_____ Photographs can be reviewed and used by the Regional & State WDB.

_____ Photographs can be used for classroom presentations.

_____ Photographs can be used for academic conference presentations.

_____ Photographs can be used for fundraising presentations/proposals.

_____ Photographs can be used for newsletter or magazine publication

_____ Photographs can be posted on the MCWDB and the Regional web site for promotional purposes, and social media.

Signature: _____

Date: _____

Thank you!

MCWDB, 344 Salinas Street, Suite 101, Salinas, CA 93901