

2021

*Opportunity*  
IS KNOCKING

# Monterey County HELP Application



[www.montereycountywdb.org](http://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: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### 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 2021 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](mailto: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