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APPRENTICESHIP PROGRAM

Application for Continuum of Care Cleaning, Landscaping, Moving and Custodial Apprenticeships

Continuum of Care, Inc. is offering people with mental health, co-occurring or substance abuse disorders the ability to participate in a paid employment apprenticeship program to learn the skills of Cleaning, Custodial, Landscaping or Moving.

The goal of this program is to overcome barriers that have been preventing competitive employment. The length of the program depends on the removal of these barriers within an 18-month period or sooner.

All programs are based on hands-on training.

The purpose of the program is to teach skills that are needed, which will enable you to gain competitive employment in the field by completion.

We do not promise that successful completion will lead to employment, though we do offer assistance with connecting you to various employment resources.

Each apprentice will have the opportunity to experience one of the apprenticeships. The hours vary, usually between 6-18 hours weekly. We do not want to interfere with your disability benefits.

If you are receiving disability benefits it is your obligation to report your income.

Name: _____ Phone Number: _____

Address: _____

Referral Program Agency: _____

Caseworker: _____ Phone: _____

- To be eligible for consideration, the applicant **MUST** have a recent physical with a doctor's letter stating he/she is cleared for physical labor.
- Backgrounds checks are required. A criminal background does not necessarily disqualify someone, so please apply. You **MUST** pass a drug screen test.

- Driver's License (not required): Yes_____ No_____
- Highest grade completed:_____If you do not have a high school diploma or GED you MUST AGREE and SIGN a CONTRACT that you will register for classes within 6 months – otherwise the apprenticeship will be terminated.

1. Which apprenticeship program are you most interested in?

Landscaping _____ Cleaning _____ Moving _____ Custodial _____

2. Tell us about any special skills you may have that relate to this particular apprenticeship.

3. What barriers are you currently facing that are preventing you from employment?

4. What medical issues do you have that we should be aware of?

5. Do you believe you will be job ready by the end of this apprenticeship?

If yes, what is your motivation to return to the workforce?

6. When was the last time you were employed and how long did you hold the job? What kind of work did you do? Why did you leave?

7. Is there anything in your history I need to know in order to advocate for you?

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8. If you have a history of substance use, what is your current length of clean time? What has been your longest period of sobriety? What keeps you clean and sober today?

Apprenticeship Letter of Understanding

I understand that both I and Continuum of Care, Inc. can terminate this apprenticeship at any time without cause.

I agree that I am willing to have staff contact agencies I am working with.

I understand that I will be working side-by-side with trainers to learn the skills needed for the first two months. After that period, I will need to have the ability to do the tasks without direct oversight. If I am having a difficult time, I will speak with the Supervisor for additional guidance.

I understand that attendance and being on time are important. I understand three unexcused absences within a three-month period will result in termination. I also agree that I will be on time for all scheduled shifts and bi-weekly supervision. If I am going to be late, I will call my supervisor a minimum of 20 minutes prior to my shift. I will call one shift earlier if I am going to be out. I understand that failure to meet this requirement can lead to my dismissal from the apprenticeship.

I understand that as part of the apprenticeship application Continuum of Care (COC) will conduct a thorough background check and include a drug test.

Everything on my application is true and I agree that COC can take reasonable steps to verify this information.

Applicant Name

Date

Applicant Signature

Continuum of Care Apprenticeship Program Reference Form (pg 1)

Applicant's Name _____

This applicant is seeking to partake in Continuum of Care's Apprenticeship Program and is seeking a referral from you.

Continuum offers 4 apprenticeship programs – landscaping, moving, custodial and cleaning.

The referred person needs to have the capability to complete the tasks at hand.

For the Cleaning and Custodial Apprenticeship, in the first month we provide hands-on training. After that period, they are expected to be able to perform the duties independently. **Do you feel this person is capable? Yes _____ No _____**

In the Moving Apprenticeship, hands-on training is provided for the first month, regarding equipment and processes. After that period the apprentice needs to have the ability to perform independently. **Do you feel this person is capable? Yes _____ No _____**

In the Landscaping Apprenticeship, hands-on training is provided throughout, regarding equipment and processes. After a 2-week period the apprentice needs to have the ability to perform independently. **Do you feel this person is capable? Yes _____ No _____**

This apprenticeship is geared for people that are seeking to return to the workforce but have barriers in their way. By partaking in this apprenticeship, they gain a work history, good work ethics and skills. **What barriers are you aware of?**

The length of the Landscaping Apprenticeship will vary, depending on the client's barriers and the seasons.

- The length of the Cleaning/Custodial Apprenticeship is up to 18 months
- The length of the Moving Apprenticeship is up to 18 months
- The length of the Landscaping Apprenticeship is up to 2 seasons

Do you think this person will have overcome their barriers within this timeframe?

Continuum of Care Apprenticeship Referral Form (pg 2)

We are asking you to give a fair assessment of the referred person and their capacity to participate in any of these apprenticeships. Motivation is a factor, but their ability is what we are assessing. We do not want to set anyone up for failure.

Do you feel this person is able to complete physically demanding tasks? Yes _____ No _____

How long have you been working with this person? _____

Are you willing to support him/her? _____

Please evaluate the applicant using the following scale:

Adaptable to changes

___ inflexible ___ sometimes ___ usually ___ very flexible

Reliability and dependability (on time, could be counted on)

___ not at all ___ not often ___ sometimes ___ usually ___ very

Motivated (willing to learn, try new ideas, takes lead)

___ not at all ___ not often ___ sometimes ___ usually ___ very

Concentration (ability to focus, task oriented) *check all apply*

___ needs constant direction ___ needs limited direction ___ very concrete
___ has good concentration ___ ability to multi-task ___ quick learner

Self-awareness (has insight into own personal issues)

_____ none _____ some _____ moderate _____ very

Please use the space below to share your thoughts of his/her participation in the apprenticeship.

Reference Name (printed)

Reference Signature

Agency

Site (if applicable)

E-mail Address

Phone Number