



Crew Member Application

Thank you for applying to No Limits Cafe. Our mission is to EMPOWER adults with intellectual disabilities by providing jobs and job training to help them lead fulfilling lives within our community and to increase awareness of their potential.

In order to determine eligibility for hire, we have established the following requirements to complete the application process:

- 1. Complete the Application with appropriate Signatures.**
- 2. Submit the following documents along with the application:**
 - A. References**
 - B. Guardianship paperwork**
- 3. You will be notified of the next step if applicable.**

Application does not guarantee employment.

You must have an Intellectual Disability and be 18 years of age or older.

If hired at No Limits Cafe, you must sign a photo release form that allows No Limits Cafe to use your name and image in all publicity and marketing.

Please email the completed application to:

nolimitscafeemployment@gmail.com



Applicant Name _____

Crew Member Application

READ THIS CAREFULLY, AS IT IDENTIFIES CERTAIN RIGHTS AND PRACTICES AND CONSTITUTES A BINDING LEGAL AGREEMENT, WAIVER OF RIGHT TO SUE AND PROMISE TO DEFEND AND INDEMNIFY:

No Limits Cafe does not discriminate on the basis of race, color, ethnicity, religion, age, gender, or sexual preference in its hiring policy. Note, however, that No Limits Cafe is a 501(c)(3) organization established solely for the purpose of hiring and training persons with Intellectual Disabilities, 18 and over, and makes preferential hiring decisions that favor this category of disabled persons over people with other disabilities or people that are not disabled. Management must exercise discretion as to who is hired, based on many factors from this application, business factors that may evolve and change, and availability of positions. By completing this application, applicant and guardian waive, to the greatest extent allowed by federal and state laws, any right to bring suit if applicant is not hired, and agree to defend, indemnify and hold No Limits Cafe harmless from any cost or attorney's fees in defending any suit for non-hiring.

Applicant/Guardian

Applicant/Guardian



Applicant Name _____

APPLICANT INFORMATION

Date: _____

Please print legibly

Legal Full Name: _____
(First) (Middle) (Last)

Preferred Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Applicant Cell Phone: _____

DOB: _____ Perceived Disability/Disability/Diagnosis: _____

Person filling out application: Self Parent/Caregiver/Guardian Staff

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Guardianship

Is the applicant their own legal guardian? YES NO

If **YES**, who do we have permission to talk to/consult with on your behalf?

_____ (please print name and list relationship to applicant)

_____ (please print name and list relationship to applicant)

_____ (please print name and list relationship to applicant)

If **NO**, who is the Legal Guardian? (Name): _____

Legal Guardian's relationship to applicant: _____

Who does he/she live with? (check one) Parents Self Group Home Other _____



Applicant Name _____

REFERENCES (Must provide at least 3 of the following)

Please print legibly. Please list all that apply. Cannot be family members

Personal Reference (Maximum of 2)

Name: _____ Relation: _____

Phone #: _____ Email: _____

School Teacher or Para

Name: _____ Title: _____

Phone #: _____ Email: _____

Job Site Supervisor

Name: _____ Title: _____

Phone #: _____ Email: _____

Social/Therapeutic Activities

Name: _____ Title: _____

Phone #: _____ Email: _____

Special Olympics

Name: _____ Title: _____

Phone #: _____ Email: _____

I give permission for No Limits Cafe to contact any and/or all of the above references.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Applicant Name _____

Getting to Know the Applicant

We would like to be able to help your adult child excel in their strengths at No Limits Cafe. Please answer the following questions and print legibly.

Does he/she help around the house? If so, what tasks do they do? _____

Does he/she take instructions well? If no, explain. _____

Does he/she have any fears? If so, explain. _____

Does he/she have any sensitivities to noise/busy environments? _____

What interests does he/she have? _____

What time of day is he/she more engaged/active? _____

What goals would you like to see him/her work on? (List in order of importance to them and you.)

1) _____

2) _____

3) _____

Other information you would like for us to know.



Applicant Name _____

Does the applicant have reliable transportation to and from work? YES NO

Please indicate what services will be used by the applicant to get to/from work if hired:

What is the applicant's educational background?

About You

Why would you like to work at No Limits Cafe?

What are your favorite hobbies?



Applicant Name _____

Availability

Please indicate how many hours per week you are permitted to work: _____

Please circle all of the days of the week that you are available to work: (Please note that working hours will be between 9 am and 4:30 pm. We will be open for LUNCH ONLY. Restaurant hours for customers are 11:00am-3pm)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Applicant Signature: _____

Date: _____

Guardian Signature: _____

Date: _____