



Serving Individuals with Developmental Disabilities Since 1959

## JOB DESCRIPTION

TITLE: Peppermint Ridge Urban Farmer

STATUS: Non-Exempt, Full-Time

### SUMMARY OF THE JOB:

Peppermint Ridge is seeking an experienced gardener and community organizer to help build and coordinate a community garden and nutrition education program at a facility for adults with developmental disabilities. Our ideal candidate for this position likes working with people, has an interest in supporting people in their abilities to grow healthy and fresh food, and is open to learning and creating fun activities in the outdoors.

### **Duties and Responsibilities**

- Recruit and support Peppermint Ridge residents to participate in building and cultivating the community garden
- Facilitate meetings with SCC residents to plan garden activities and solve problems
- Coordinate volunteer events to finish building the community garden and assist with upcoming projects
- Coordinate on-going volunteer events to maintain the garden throughout the year
- Support gardeners in learning affordable and sustainable gardening practices
- Coordinate and/or teach on-site workshops that teach gardeners how to grow, prepare and preserve fresh fruits and vegetables
- Coordinate activities and learning opportunities in the garden
- Supervise distribution of gardening supplies – seeds, plant starts, winterization materials, educational materials
- Develop and support leadership opportunities for residents in the community garden
- Establish and maintain participant tracking
- Evaluate and report program results
- Create and implement an annual work plan

### **Required Skills/Experience**

- Knowledge and experience with organic vegetable gardening, a drive to maintain the greenery onsite, a passion for teaching, and the ability to create a fun and positive learning environment.
- Experience building relationships
- Clear written and verbal communication skills
- Creative problem-solving abilities
- Demonstrated ability to work with individuals with developmental disabilities and volunteers.
- Experience supervising volunteers promoting cooperation and team building
- Diplomacy and ability to work with a variety of personalities
- Conflict resolution skills
- Computer skills including word processing, spreadsheet and data management

### **Other Requirements**

- Physical ability to walk, lift, bend and carry up to 50 pounds
- Ability to work some weekends and evenings throughout the year
- Valid driver's license

**PERSONAL INFORMATION**

Please complete all information below clearly.

<b>Position Applied for:</b>	Circle one:
	F/T   P/T   O/C   A/M   P/M   NOC   ANY

Last Name	First Name	Full Middle Name
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Mailing Address	City	State	Zip
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Home Phone Number with area code (   )   (   )	Cell or Message Phone with area code (   )   (   )	How did you hear about The Ridge? Include name(s) of web site, or person(s):
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Have you ever been convicted of or pled guilty or "no contest" to a crime? (You need not identify marijuana convictions over 2 years old, traffic offenses, those which have been sealed or provide information pertaining to participation in any pretrial or post-trial diversion programs).  
 A conviction does not necessarily disqualify an applicant). **YES NO (Circle One)** If yes, please complete date and description.

Date: \_\_\_\_\_ Give a description of conviction: \_\_\_\_\_

No offer of employment is final until a prospective employee has passed our medical examination including lumbar x-ray, TB screening, lab testing of a urine sample to determine the presence of certain drugs and/or alcohol in the body. Do you agree to take this exam at our expense?  
**YES NO (Circle One)**

Do you have a valid California Drivers License? <b>YES NO</b> Please list restrictions: _____	Have you been a California resident for 3 or more years? <b>YES NO</b>
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Have you every applied here before and when? <b>YES NO</b> Date(s) _____	Have you ever been employed by this Company before? <b>YES NO</b> Indicate Date/Location _____
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If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you. **If hired, will you be able to provide proof of eligibility to work in the United States? YES NO**

Are you willing to help clients with their care such as dressing, showering, toileting, bathing, grooming, health treatments and medical appointments?  
**YES NO (Circle One)**

<u>Are you willing to perform housekeeping chores?</u>	<u>Are you willing to work weekends?</u>
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<u>Are you willing to work extra hours when necessary?</u>	<u>Do you know anybody who works for Peppermint Ridge? Who?</u>
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Person to contact in case of an emergency & phone number: _____	Are you over 21 years of age to become a driver? (Circle One) <b>YES NO</b>
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**RECORD OF EDUCATION**

High School name and location:	Circle highest grade completed:	Did you graduate?
	9   10   11   12	Yes   No   Diploma   GED

University or Career College name:	Major	Units	Degree or Certificate awarded

**PROFESSIONAL REFERENCES (Non-Relative References)**

Name	Occupation	Relationship	Phone number

**EMPLOYMENT HISTORY**

List below all past and present employment beginning with the most recent, including all volunteer and paid experience for the past 10 years.

Previous Employer Information				Dates	
Name of employer			Start Date	End Date	
Address					
City	State	Zip	Phone (       )		
Position		Supervisor			
Work performed:					
Reason for leaving:					
Was this experience working with people with developmental disabilities? YES    NO                      Paid                      Volunteer					

**Explain gap between this and previous employment (if any):**

Previous Employer Information				Dates	
Name			Start Date	End Date	
Address					
City	State	Zip	Phone (       )		
Position		Supervisor			
Work performed:					
Reason for leaving:					
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**Explain gap between this and previous employment (if any):**

**Note: You can attach a separate piece of paper and/or a resume with additional previous employer information.**

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Explain gap between this and previous employment (if any):					

**Note:** You can attach a separate piece of paper and/or a resume with additional previous employer information.

Please list your scheduling limitations: \_\_\_\_\_

Available days: \_\_\_\_\_

Available times: \_\_\_\_\_

Why are you interested in working for Peppermint Ridge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What skills do you feel are the most important to possess for the position you have applied for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List some professional strengths you would bring with you if you were hired here at Peppermint Ridge? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the type of client you would enjoy working with most: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the type of client you might find most challenging and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the hardest area of growth you have encountered for yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow **Peppermint Ridge** ("The Ridge") to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give The Ridge permission to run my motor vehicle report for driving and insurance privileges. I give The Ridge permission to contact any or all of my previous employers and references for full information and hereby release The Ridge from any and all liability for doing so. I also understand that all offers of employment are conditioned upon the satisfactory completion of references and/or background checks and the submission of valid documentation that confirms my identity and authorization to work in the United States.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of The Ridge. **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that The Ridge may transfer, reassign, suspend or demote me at any time and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by me and by the Administrative Services Manager and/or the Executive Director.

How would you like to receive your final paycheck: Pick-up or mailed to your current address on file: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Position		Supervisor			

Work performed:

Reason for leaving:

Was this experience working with people with developmental disabilities? YES NO Paid Volunteer

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Reason for leaving:

Was this experience working with people with developmental disabilities? YES NO Paid Volunteer

Explain gap between this and previous employment (if any):

**Note:** You can attach a separate piece of paper and/or a resume with additional previous employer information.





## AUTHORIZATION TO RELEASE JOB INFORMATION

As an applicant for a position with Peppermint Ridge, I am required to furnish information about my work history for the use in determining if qualifications meet the essential requirements of the job. Therefore, I hereby authorize the release and full disclosure of any or all information that you may have concerning my work history with your organization, including information of a confidential or privileged nature to Peppermint Ridge.

“In accordance with the mandates of public law, I hereby release your organization and all others from liability or damage which may result from releasing the information requested.”

“A photocopy of this release form will be valid as an original even though the said photocopy does not contain an original writing of my signature.”

“This release will expire one year from the date signed below.”

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(Applicant's Signature)

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(Date)

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(Applicants Printed Name)

**APPLICANT'S PLEASE READ**

Please fill out the top of this form with the company you worked for, name of the company, address, your name in the box below, and sign the bottom of this form to authorize Peppermint Ridge to verify your reference.

**Request for Job Information**

List last employer, address and phone number, and please sign below.

Company Name: \_\_\_\_\_ ATTN: \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

---

I, \_\_\_\_\_  
Applicants Name

This person has applied for employment with Peppermint Ridge. In this position, this person will be responsible for the care and supervision of adults with developmental disabilities; therefore, it is extremely important that we carefully screen this person's previous work history before making our final decision. Your participation in the process is invaluable to the health and safety of our clients; therefore we request that you answer the following questions and return this form to us as soon as possible to:

**Mail or Fax to Peppermint Ridge Human Resources at:**  
**(951) 737-0726**

Dates of employment from: \_\_\_\_\_ to \_\_\_\_\_

Based on your employment records, would you consider this person a rehire?

**(Circle one) Yes No**

Did this person follow your agency rules and regulations?

**(Circle one) Fully Mostly Seldom**

How would you rate this person's job performance?

**(Circle one) Above Standard Average Below Standard**

Why did this person leave your employment?

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

Signature of employer \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

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This release will expire 1 year from the signed date below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT FEEDBACK  
Peppermint Ridge

If you wish feedback on your application status, please provide your email address and complete:

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
DO NOT WRITE BELOW THIS LINE

Dear Applicant,

The following is the result of your application for employment.

Thank you for taking the time to apply for our posted opening. Although you have many of the qualities we require, another applicant more closely meets our needs at this time.

Thank you for responding to the above opening. Although you have the necessary background for the job, applicants selected for interviews possessed a greater composite of overall qualifications.

Thank you for your interest in the above opening. At this time, your qualifications do not meet basic job requirements as indicated in the comments section below.

Job opening was cancelled.

We have not received a follow-up phone call from you.

Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

All applications will be kept on file for 1 year to be reviewed for any future openings. Thank you for your interest in Peppermint Ridge.



**TO:** Job Applicants  
**FROM:** Human Resources Department  
**RE:** Criminal Conviction Clearance Requirements

People with developmental disabilities are among the members of our society most likely to be abused. Abuse can happen in private homes, at work in community, and in health facility settings licensed by the state of California. You are seeking employment in health facility setting licensed by the state to serve individuals with developmental disabilities.

The State of California protects occupants of residential facilities and by mandating that all employees hired to work in such settings pass criminal conviction clearance requirements. The requirements prohibit persons convicted of certain crimes from becoming employed by licensed facilities. Information on the reverse side summarizes specific crimes and provides guidance about whether an application for employment can be submitted, should you have any related convictions. Each job applicant's background is checked to ensure that they have not been convicted of any of these crimes.

If you have any questions regarding you eligibility to be employed with this facility, please direct them to the Human Resources Manager.

Thank you for your interest in seeking employment as a Direct Training Staff providing services and support to people with developmental disabilities.

I certify under penalty of perjury, that I have never been convicted, or have a pending conviction for, any of the listed offenses.

---

Applicant Signature

Date



## Criminal Conviction

Have you ever been convicted of any of the following crimes?

1. Abduction for marriage or defilement
2. Abduction: person under 18 for purpose of prostitution
3. Administering stupefying drugs
4. Aggravated Mayhem
5. Arson of structure, forest, land or property; great bodily injury
6. Assault with intent to commit
7. Assault with deadly weapon
8. Burglary
9. Continuous sexual abuse of a child
10. Corporal punishment injury to a child
11. Elder or dependant adults; infliction of pain or mental suffering or endangering health; theft or embezzlement of property
12. Embezzlement
13. Extortion
14. Extortion by posing as a kidnapper or by claiming ability to obtain release of victim
15. False imprisonment
16. Forgery, intent, documents of value; counterfeiting seal; falsification of records
17. Intent to commit theft by fraud
18. Grand Theft
19. Incest
20. Inveiglement or enticement of unmarried female under 18 for purposes of prostitution
21. Kidnapping
22. Kidnapping for ransom
23. Lewd or lascivious acts with child under 14
24. Manslaughter, voluntary
25. Mayhem
26. Murder defined; death of fetus
27. Oral copulation with person younger than 14 years against will, voluntary acting in concert with, with unconscious victim, with victim with mental disorder or developmental or physical disability
28. Petty theft
29. Penetration of genital or anal openings by foreign object.
30. Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares
31. Rape
32. Rape and sodomy
33. Rape of spouse
34. Rape or penetration
35. Receiving stolen property
36. Repeat convictions for petty theft, grand theft, burglary, carjacking robbery and receipt of stolen property
37. Robbery
38. Sexual battery
39. Sodomy with person under 14 years old against will, voluntary acting in concert with, with unconscious victim, with victim with mental disorder or developmental or physical disability
40. Theft
41. Theft of access card
42. Torture
43. Willful harm or injury to a child
44. Willful infliction of corporal injury

**Important:** In addition to convictions for the crimes above, any conviction other than that for minor traffic violation requires evidence of rehabilitation and review by the department of health services.

If you have not been convicted of any of these crimes, you may submit an application for employment but please be aware that your background will be verified to ensure that you have not been convicted of any of these crimes.

If you have been convicted of any of the above crimes you cannot be employed at this facility unless,

1. You have been granted certified rehabilitation for felony conviction or the accusation against you has been dismissed.
2. The information or accusation against you has been dismissed.
3. You have disclosed to the Department of Health your conviction and the Department of Health has determined that you are not disqualified.
4. You were convicted of penal code section 488 or 498 and have had no subsequent conviction and either offense in the last 5 years.
5. The state of California requires documentation of the above before approving your employment. Successful restitution paid are not substitutes for mandated documentation.





# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? .....  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? .....  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.**

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.