



Project|SEARCH

Candidate Application

Candidate Name: _____

www.projectsearch.us

Dear ProjectSEARCH Applicant:

Please complete this application. If you need help, please ask your teacher or parent/support staff. Fill out each section with the best information about yourself and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words. ***The ProjectSEARCH Staff***



Application Purpose & Guidelines

The purpose of this application packet is to identify and review the skill sets that the ProjectSEARCH Intern Candidate possesses. This application process enables the Selection Committee to properly assess each applicant's interests, skills, abilities and background.

The Selection Committee includes representatives from Pearl Buck Center, a ProjectSEARCH Program Manager, representatives from PeaceHealth (RiverBend and University District), Lane County Developmental Disabilities, Oregon Vocational Rehabilitation Services(OVRs), as well as a representative from Full Access or Resource Connections of Oregon.

When an application is submitted, the applicant, parent, caregiver, counselor, personal agent, teacher, Service Coordinator or employer may be contacted by the Selection Committee to gather additional information. Placement into this training program will be by final decision of the Selection Committee. Our goal is to select interns who will be successful (ready to work and learn job skills) in our ProjectSEARCH program resulting in competitive employment for them.

Candidates are expected to seek competitive employment, with assistance, before the end of the internship year.

Selection Process Overview:

1. Submit the completed application to kayla.running@pearlbuckcenter.com
2. The Selection Committee will review the applications; and interviews will be scheduled.
3. Applicants accepted for an internship must pass a criminal background check and drug screening.
4. Interns chosen will receive an acceptance letter and an assessment packet to complete.
5. The completed assessment packet must be submitted to kayla.running@pearlbuckcenter.com
6. All interns and their parents or caregivers are encouraged to attend a Family Information Session to learn about our program and the admission process.
7. Once accepted, ProjectSEARCH Skills Trainers will set up home visits.



ProjectSEARCH Entrance Criteria

Candidates must:

1. Have the desire to work competitively throughout the entirety of the program.
2. Must be 22 years of age or 21 with a High School diploma.
3. Meet eligibility requirements for Oregon Vocational Rehabilitation Services.
4. Meet eligibility requirements for the State of Oregon Developmental Disabilities Services or Brokerage services.
5. Demonstrate independent personal hygiene/grooming skills; and maintain appropriate behavior and social skills in the workplace.
6. Utilize public transportation *when* available. Participate in travel training to ensure success in using the bus independently, or be able to travel to and from the work site in a reasonable, dependable and consistent manner with back-up when necessary.
7. Have previous experience in a work environment (including school, volunteer, and paid work).
8. Have up-to-date immunizations including maintaining current flu vaccines and Covid vaccine. Be willing to participate in a series of TB tests and checks.
9. Provide documentation required to work legally in the US (Social Security & Oregon ID cards)
10. Be able and willing to participate in the program hours of 8:30 am to 2:30 pm, 5 days per week with a half hour lunch break.
11. Be aware that acceptance into the ProjectSEARCH program will be subject to a 30 day probationary period.

ProjectSEARCH Guidelines for the Intern

- Complete three unpaid job rotations within assigned host site.
- Attend the program every day for 6 hours per day (e.g. 8:30 am—2:30 pm) , Monday through Friday.
- Call the ProjectSEARCH instructor and departmental supervisors when absent or tardy
- Make up any time missed due to excused absences
- Provide own reliable transportation to host site (school buses will not provide transportation and RideSource will not be a viable option)
- Follow all the policies and procedures established by the program and host site.
- Dress according to the dress code and uniform requirements of ProjectSEARCH and host businesses and/or the specific rotation.
- Attend all activities during transition weeks and during summer activities.
- Attend Employment Planning Meetings with PS Instructor, PS Skills Trainers, VR counselor, Service Coordinators and family supports. Be an active participant and communicate any issues at the meetings which will be held at least twice during the internship and led by the intern

***The intern will be asked to sign the ProjectSEARCH contract after acceptance into the program.**

***Applications can be emailed to kayla.running@pearlbuckcenter.com or faxed to 541.484.0886**

APPLICATION FOR ADMISSION

A. APPLICANT PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Email: _____

Cell/Home Phone: _____
Cell Home

School District of Residence: _____
Location Dates in Attendance

Vocational Program: _____
Location Dates in Attendance

Date of Birth: _____ ☐ Male ☐ Female ☐ Non-binary

Please tell us the best way to contact you

☐ E-mail ☐ Text ☐ Phone call

Place Photo Here

APPLICATION FOR ADMISSION**B. PARENT/GUARDIAN/PROVIDER PERSONAL INFORMATION:**

Name: _____

Address: _____
Street City Zip Code

Email: _____

Cell/Home Phone: _____
Cell Home

Work Phone: _____

Please tell us the best way to contact you ☐ E-mail ☐ Text ☐ Phone call

Relationship to Applicant: _____

Legal Guardian ☐ Yes ☐ No

APPLICANT WORK/VOLUNTEER HISTORY

Please fill out the following or attach a resume. List jobs in order of most recent.

Start Date:	Employer & Address:		Reason for leaving::	
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Paid Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Start Date:	Employer & Address:		Reason for leaving:	
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Paid Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Start Date:	Employer & Address:		Reason for leaving:	
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Paid Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Start Date:	Employer & Address:		Paid Employment:	
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Paid Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR ADMISSION

REFERENCES

List THREE Non-Family References

(People who have first-hand knowledge of your work performance) Teachers, Counselors, Clergy, Supervisors, Managers, Skills Trainers, etc.

One may be your Services Coordinator/PA

	Name	Title	Phone Number	Email Address	Years Known
1.					
2.					
3.					

Have you ever been terminated from a position, laid off or asked to resign or quit a job?

☐ Yes

☐ No

If yes, please explain: _____

After the ProjectISEARCH program is completed, do you plan on getting and maintaining a:

☐ Full time job

☐ Part time job

How many hours per week?

How many days per week?

Area(s) of interest?

TRANSPORTATION

Check all boxes that apply.

1. How do you plan to get to the internship site.

☐

Self

☐

Public Transportation

☐

Family

☐

Other

2. Have you used Public Transportation?

☐

Yes

☐

Accompanied by an adult

☐

No

3. Have you used private transportation? (Taxi, RideSource, etc.)

☐

Yes

☐

Accompanied by an adult

☐

No

4. Do you have a driver's permit?

☐

Yes

☐

Currently pursuing

☐

No

5. Do you have a driver's license?

☐

Yes

☐

No

SERVICE AGENCIES

Do you have a Vocational Rehabilitation Counselor through Oregon Vocational Rehabilitation Services?

☐ Yes Name: _____ Phone Number: _____

☐ No

☐ In process Comments: _____

Are you eligible for services from the Lane County Developmental Disabilities, Full Access or RCO?

☐ Yes Name: _____ Phone Number: _____

☐ No

☐ In process Comments: _____

Are you receiving Social Security benefits?

Are you eligible for Social Security benefits?

☐ Yes ☐ No

☐ Yes ☐ No

Do you require any accommodations to work independently? _____

APPLICATION FOR ADMISSION

INDEPENDENT LIVING

Medications taken by applicant:

Medication	Dosage	Time of day

A separate sheet listing medications/dosage and time of day may be attached to this application

1. Please list any health or medical issues

2. Please list any other challenges or limitations that impact your ability to keep a job.

3. Please note any challenges, limitations or accommodations needed:

APPLICATION FOR ADMISSION

APPLICANT RESPONSE QUESTIONS

(Please complete in your own words or have someone write your thoughts for you, using your own words)

1. Why are you interested in an internship with ProjectSEARCH?

2. What are your hopes and dreams for employment?

3. What do you see as your strengths? What do you see as your barriers?

4. What type of work environment do you feel will be most suitable for you?

APPLICATION FOR ADMISSION

SCHOOL STATUS

Check all boxes that apply.

- ☐ I have all my credits for graduation
- ☐ I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)
- ⇒ _____
- ⇒ _____
- ⇒ _____
- ☐ I still have one or more years of school eligibility
- ☐ My school eligibility continues through:
- ☐ The day I turn 22
- ☐ The school year in which I turn 22
- ☐ I have graduated (Please give name of the school and date in which you graduated)

Name of School

Date Graduated

APPLICATION FOR ADMISSION

SCHOOL , WORK AND COMMUNITY SUPPORTS

Check all boxes that apply

☐ I receive or received services through my school district

___Speech Therapy

___Occupational Therapy

___Physical Therapy

___Other _____

Note: Services are only available on a consult basis once a student is enrolled in a ProjectISEARCH program

Service Coordinator/Personal Agent: _____

Who else helps to support you in your life?

Name	Title	Phone Number



APPLICATION FOR ADMISSION

Request For Release of Information/Records

Permission to Observe

Name _____ Date of Birth _____

My signature provides authorization to the following to release records, share information, and observe the above named applicant:

- Pearl Buck Center
- Oregon Vocational Rehabilitation Services
- Social Security Administration
- Oregon Department of Human Services
- Service Coordinator or Personal Agent
- County Mental Health Center
- Judicial System
- Job Developer
- Parent/Guardian
- Employer/Supervisor/Job Coach
- Medical Doctor
- Local School District
- Local Board of MR/DD
- County Core Transition Team

It is understood that the records or information so provided will be maintained with all due safeguards as provided by the laws of "Privacy and Rights."

The purpose of this review of information and records is to provide assistance and needed information to those in the Selection Committee and the Project|SEARCH staff in determining eligibility into the program and assisting with securing employment for the applicant once s/he is accepted as an intern in the program.

This release of information shall be in effect one year from date of signatures. Please sign below to give authorization to Pearl Buck Center to obtain your records.

Intern Signature

Date

Parent/Guardian Signature (If applicable)

Date

APPLICATION FOR ADMISSION

APPLICANT

I, _____, have carefully reviewed this application and completed it
(print your name above)

without assistance.

PREPARER

If this application has been completed by someone else other than the applicant, please provide the following information and sign:

Name Relationship to Applicant-Title

Phone Number Date

Signature