



**Project Search Application**  
for  
**East Bay Innovations and the following partners:**

**County of Alameda Project SEARCH & Oakland Unified School District  
(February through January)**

**(PLEASE COMPLETE ALL INFORMATION AND INCLUDE ALL REQUIRED  
DOCUMENTATION)**

**Project SEARCH site you are applying for:** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Referral Source** \_\_\_\_\_

**Applicant Address,  
City, State & Zip** \_\_\_\_\_

**Applicant Phone** \_\_\_\_\_

**Applicant Email** \_\_\_\_\_

**This application has been completed with the help of:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

### **All Project Search applicants must meet the following criteria:**

- Be at least 18 years with a diploma or 22 years of age and exited from the k12 school system.
- Be interested in future employment and possess necessary documentation in order to work.
- Meet eligibility requirements for Regional Center of the East Bay.
- Pass host business eligibility (Requirements may include proof of negative tb tests, current immunizations, completion of host business paperwork, background clearance, drug testing and health screening dependent upon the Project SEARCH site you are applying for)
- Access (with training) independent transportation options.
- Consistently attend a full time, year-round internship program.
- Maintain appropriate behavior and social skills in the workplace (given training at a 1:4 ratio, appropriate job match and supports).
- Communicate as needed using a combination of verbal, nonverbal and/or technologically- assisted methods of expression.
- Adhere to host business' standards of dress and behavior conduct code.

### **Application & Guidelines**

The purpose of this application packet is to get basic information about the candidate's background, interests and support needs in an employment environment. If selected for an interview, candidates will be asked to provide more detailed information. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information.

### **The Selection Process includes the following guidelines:**

1. Application and participation in Project SEARCH is open to all individuals who meet the eligibility criteria. Please note that consideration is given to all eligible applicants and is not limited to, nor is preference shown to, individuals who are already affiliated with East Bay Innovations.
2. Submit the completed application to:  
**Lori Kotsonas**  
**East Bay Innovations**  
**2450 Washington Ave Suite 240**  
**San Leandro, CA 94577**
3. The Selection Committee will review the applications, and arrange interviews with prospective applicants. Applicants not selected for interviews will be notified.
4. Applicants will be notified of acceptance or denial no later than 1 month of the program start date, but usually within 6 weeks.
5. If accepted, applicant must meet the requirements of the host business site to begin the program. (Requirements may include proof of negative tb tests, current immunizations, completion of host business paperwork, background clearance, drug testing and health screening dependent upon the Project SEARCH site you are applying for)

## **Project SEARCH Application Packet Checklist**

- Completed Application Packet**
- Copy of Resident Alien card OR Social Security Card AND California ID with picture OR Driver's License**
- Completed releases of information for Regional Center, Project SEARCH, Department of Rehabilitation, Project SEARCH host business and school partner (included in application)**
- Referral sent by Regional Center Case Manager that includes the following Regional Center records: IPP, Social, CDER, IEP (if available) and documentation of disability (medical or psychological reports) This Regional Center information must be received to be considered for the program.**

# APPLICATION FOR ADMISSION

## PERSONAL DATA:

Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

email: \_\_\_\_\_  
School/Program Currently Attending: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Home phone and cell phone: \_\_\_\_\_

Parent/Conservator Name: \_\_\_\_\_ Parent/Conservator e-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Parent/Conservator Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## SERVICE AGENCIES:

Do you have a CA Department of Rehabilitation Counselor?  
Yes  Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No

Do you have a Case Manager from the Regional Center of the East Bay?  
Yes  Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No

Are you currently working with an adult service program or a Supported Employment Agency?  
Yes  Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
No

Are you currently in school?  
Yes  School Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Teacher Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conservator Signature (If applicable) \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT:**

List all volunteer or paid jobs you have had in school or in the community:

Employer	Job Title	Job Duties	Supervisor Name	phone number	Dates from/to	Paid? Volunteer?
		1. _____ 2. _____ 3. _____ 4. _____				
		1. _____ 2. _____ 3. _____ 4. _____				
		1. _____ 2. _____ 3. _____ 4. _____				

Have you ever been fired from a job?

Yes  No

If yes, please explain:

Have you ever quit a job?

Yes  No

If yes, please explain:

Are you currently receiving any of the following benefits (circle): SSI    SSDI    SSA

**TRANSPORTATION:**

*All Project Search students will receive assistance in coming up with a plan to utilize independent transportation and will be trained in using the best transportation route from their residence.*

How does the applicant plan to get to Project SEARCH?

BART  Bus  Parents/  Drive Self  Paratransit   
 shuttle (from Mc Carther station) friends

What current bus routes/BART stations are closest to the applicant's home? \_\_\_\_\_

What bus/BART routes is the applicant familiar with? \_\_\_\_\_

Adaptations or assistive devices: \_\_\_\_\_

Approximately how long does it take for the applicant to learn a new transportation route? 1-3 trials / 4-5 trials/more

**APPLICANT RESPONSE QUESTION**

Why do you want to participate in the Project SEARCH Internship Program? (Complete in your own words)

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**List Three References (Non Related):**

	Name	Relation to you	Phone Number	Email Address
1.				
2.				
3.				

**PLEASE COMPLETE AND SIGN ALL FIVE RELEASE BELOW**

**CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION**

I give my consent for EAST BAY INNOVATIONS to request and receive records from the Regional Center of the East Bay in regards to my medical history, vocational history, educational history, and diagnosed mental and physical condition, including disabilities such as developmental, physical, drug, alcohol and psychiatric.

Information may be shared through written, verbal or electronic means.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain valid for one year from the date signed**

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**CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION**

I give my consent for EAST BAY INNOVATIONS to request and receive records and/or verbal information in regards to my vocational and educational history from my current or most recent teachers. (High School, Transition Program or College)

Information may be shared through written, verbal or electronic means.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain valid for one year from the date signed**

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**CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION**

I give my consent for EAST BAY INNOVATIONS and the Project SEARCH school partner (College of Alameda or Oakland Unified School District) to share information in regards to my medical history, vocational history, educational history, and diagnosed mental and physical condition, including disabilities such as developmental, physical, drug, alcohol and psychiatric.

Information may be shared through written, verbal or electronic means.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain valid for one year from the date signed**

**CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION**

I give my consent for EAST BAY INNOVATIONS to contact my personal references.

Information may be shared through written, verbal or electronic means.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain valid for one year from the date signed**

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**CONSENT TO RELEASE MEDICAL AND VOCATIONAL INFORMATION**

I give my consent for EAST BAY INNOVATIONS to share and collect information from the CA State Department of Rehabilitation in order to share information in regards to my medical history, vocational history, educational history, and diagnosed mental and physical condition, including disabilities such as developmental, physical, drug, alcohol and psychiatric.

Information may be shared through written, verbal or electronic means.

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent shall remain valid for one year from the date signed**