



East Bay Innovations Project Search Application

Claremont Club & Spa (Berkeley) – Begins During January

County of Alameda (Downtown Oakland) – Begins during February

(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
- Have an active case with the Regional Center
- 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
- Ability to meet the host business' standards regarding professional communication and behavior in the workplace
- Adhere to host business' standards of dress, attendance, and other policies & procedures

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. Submit the completed application to lkotsonas@eastbayinnovations.org, or
Lori Kotsonas
East Bay Innovations
2450 Washington Ave Suite 240
San Leandro, CA 94577
2. The Selection Committee will review the applications, and arrange interviews with prospective applicants. Applicants not selected for interviews will be notified.
3. Applicants will be notified of acceptance or denial no later than 1 month of the program start date.
4. 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: _____

Best phone # to reach you: _____

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)

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

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

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

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