



Project | SEARCH[®]



Intern Application

Select site at which you are applying:

Claremont Club and Spa (Berkeley) - Begins During January

County of Alameda (Oakland) - Begins During February

Stoneridge Creek Senior Living Community (Pleasanton) - Begins During January

Applicant Name:	Date Applied:		
Applicant Address:			
Applicant Email:		Applicant Phone:	
Referral Source*:			
Referral Phone:		Referral Email:	

* Referral source: RCEB Case Manager or other service provider.

Program Overview

East Bay Innovation's Project SEARCH programs are a one-year internship program that trains young adults, who have a significant disability, and who are committed to seeking competitive employment in the community.

This employment and training program model features total immersion in a business setting in which interns complete up to three rotations (approximately 14-15 weeks each) in various departments within a host business location. It also includes instructional time for reinforcement of employment skills and career exploration opportunities — all while providing on-site skills training and accommodations design, as needed, to support the goal of independence.

Program capacity is six to twelve interns per program year for each program site.

The primary goal of the program is to prepare each intern for competitive employment (a minimum of 14 hours per week) upon completion of this skill-building experience.

Eligibility Criteria

All Project SEARCH applicants must meet the following criteria:

- Be at least 18 years of age with a diploma or 22 years of age having exited from the K-12 school system,
- Be interested in future employment and possess necessary documentation in order to work,
- Have an active case with the Regional Center of the East Bay,
- Pass host business eligibility (Requirements include proof of negative TB test, current immunizations including COVID-19 vaccinations, completion of host business paperwork, background clearance, and drug screening dependent upon the Project SEARCH site you are applying for),
- Be able to travel independently to and from the Project SEARCH site (with training),
- 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 General 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. All of the required documents must be completed and submitted together for the application to be considered.

- Completing the application is a team process. If you need assistance compiling this information, contact your RCEB Case Manager or service provider. For all other questions, please contact Curtis John, Director of East Bay Innovations Supported Employment Services at (510) 618-1580 extension 15 or jjohn@eastbayinnovations.org.
- Completing this application does not guarantee acceptance into the program or placement into employment. If accepted, the Intern Candidate is required to participate in a skills assessment and interview, attend an incoming orientation, and pass all business host requirements (such as a criminal background check and drug screen).

Submit the completed application by mail
to:

East Bay Innovations
ATTN: Curtis John
2450 Washington Ave. Suite 240
San Leandro, CA 94577

or email to:

jjohn@eastbayinnovations.org

Application Packet Checklist

Completed Application Packet,

Copy of Permanent Resident Card OR Social Security Card AND California ID with picture/Drivers 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 and psychological reports) This Regional Center information must be received to be considered for the program.

PERSONAL DATA

First Name:				
Middle Name:				
Last Name:				
Street Address:				
City:		State:		ZIP:
Primary Phone Number:				
Alternate Phone Number:				
<i>If you do not have an email address, please provide the email of a parent/guardian or support</i>				
Email Address:				
Date of Birth:				
Resides With:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent/ Guardian	
	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	
Parent/Conservator name and email address:				
How may your disability affect job performance?: <i>(i.e. behavior, sensory, communication, etc.)?</i>				

Adaptions/accommodations that you may need at work:			
Medical Concerns (i.e. asthma, seizures, allergies):			
Social Security Number:		<input type="checkbox"/> Has SS Card	<input type="checkbox"/> Has State ID
Benefits Received:	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> Medi-Cal
SERVICES AGENCIES			
Department of Rehabilitation Services (DOR)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, DOR Counselor Name and Phone:	
Regional Center Case Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, Case Manager Name & Phone:	
Are you working with an Adult Service Program or Supported Employment Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, Agency, Contact Name & Phone:	
Conservatorship (proof of conservatorship must be provided)	<input type="checkbox"/> Applicant has a conservatorship	<input type="checkbox"/> Applicant does not have a conservatorship	

Conservator Information (if applicable)

You will be required to provide legal documentation of conservatorship if you are accepted into the program

First Name:					
Middle Name:					
Last Name:					
Street Address:					
City:		State:		ZIP:	
Primary Phone Number:					
Alternate Phone Number:					
Email Address:					

Transportation

Project SEARCH encourages its Interns to work towards independence and being confident in independently managing transportation to and from work.

How will you get to Project SEARCH and work every day?:	<input type="checkbox"/> Own Vehicle	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Ride with friend/family
	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Ride Share (Lyft, Uber)
Public Transportation:	I am willing to learn public transportation:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	I have a Regional Transit Connection (RTC) Discount ID Card:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education and Training

Do you have a high school diploma or equivalent?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of high school and graduation date:		
Other Education/Programs: (check all that apply)	<input type="checkbox"/> Technical	<input type="checkbox"/> Some College
	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
List any occupational license or training certificates that you current hold:		

Employment and Volunteer Experience

Employer 1

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
Onsite Job Coach?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for leaving:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 2

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
Onsite Job Coach?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for leaving:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employment and Volunteer Experience

Employer 3

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
Onsite Job Coach?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for leaving:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 4

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
Onsite Job Coach?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for leaving:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Job Readiness & Future Employment Preferences

What is your career of interest?						
How do you want to be employed upon the completion of Project SEARCH?:	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Either	
	<input type="checkbox"/> 1st Shift (Day)		<input type="checkbox"/> 2nd Shift (Evening)		<input type="checkbox"/> 3rd Shift (Overnight)	
Check all that apply:	<input type="checkbox"/> Weekdays		<input type="checkbox"/> Weekends		<input type="checkbox"/> Evenings	
Do you plan to work while attending the Project SEARCH program?:	<input type="checkbox"/> Yes	Where?				How many hours?
	<input type="checkbox"/> No					

References

List three references of a non-related individual (i.e. previous employer, school/program staff, neighbor, etc.)

Reference 1

Reference Full Name:						
Relationship to Applicant:						
Reference Phone Number:						
Reference Email:						

Reference 2

Reference Full Name:						
Relationship to Applicant:						
Reference Phone Number:						
Reference Email:						

Reference 3

Reference Full Name:	
Relationship to Applicant:	
Reference Phone Number:	
Reference Email:	

Additional Questions

Why do you want to participate in the Project SEARCH program?:	
Do you have any commitments that would prevent you from participating fully in the Project SEARCH Internship Program (i.e., school, work, childcare, etc)?:	

Compliance, Universal Release and Equal Opportunity

1. Acceptance into the East Bay Innovations Project SEARCH Program is dependent upon the Advisory Committee’s review.
2. **Compliance:** An applicant’s status within the program is contingent upon adherence to the policies and procedures of Project SEARCH. By signing, the applicant and/or guardian agree to comply.
3. **Universal Release:** The applicant’s records (RCEB, DOR, Academic) may be released for review by the Project SEARCH Program Staff and Advisory Committee.
4. **Equal Opportunity:** Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances, or presence of a disability.

Applicant’s Signature:		Date:	
Legal Guardian’s Signature:		Date:	
Did anyone help you complete this application?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered 'yes,' please complete the section below.</i>			
Application Completed By:			
Name of Individual:			
Relationship to Individual:			
Phone Number:		Email:	

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 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