



Project | SEARCH

Applicant Name _____

Date Received (official use only) _____



The purpose of this application packet is to outline the skill set of the Project SEARCH intern candidate. This application enables the Selection Committee to properly assess each candidate's skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select interns who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

MAIL or EMAIL the completed application to:

Lu Merrick
Director of Post High School Programs
The Ivymount School
11614 Seven Locks Road
Rockville, MD 20854
lmerrick@ivymount.org

Or EMAIL the completed application to:

Nancy Eaby, SEEC

240-418-7468

PSRecruitment@seeonline.org

1. The Selection Committee will review the applications, matching the applicant's skill sets and interests, work and/or volunteer experience with the Project SEARCH Program requirements.
2. Acceptance into the Project SEARCH program is **NOT a guarantee of employment.**
3. If accepted, all applicants are **required to attend an Open House in the summer** at the host business site to learn about the work-place culture, possible internships and meet the instructor and job coaches (Specific date to be scheduled).
4. If accepted, some sites will require that an intern be able to pass a criminal background check and drug screen. The NIH program (only) requires each intern to provide documentation of a negative TB test taken within 6 months of the program's start date.

Please note:

- The Selection Committee will include our Business Partners, representative(s) from SEEC, representatives from The Ivymount School, and may also include representatives from: Maryland and District of Columbia Vocational Rehabilitation agencies, Maryland and District of Columbia Developmental Disabilities Administration, Project SEARCH program staff.



PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR APPLICATION TO BE CONSIDERED. (including all email and phone contact info)

Current Photo of applicant (very important)

Copy of High School diploma or certificate of completion (if graduated)

Current IEP ONLY for applicants who are currently in school

Individual Plan (IP) ONLY for applicants who currently receive DDA/DDS supports

Most Recent Psychological evaluation/report (school or private therapist/counselor)

Applicant's Work/Volunteer History/resume (including details about specific work tasks)

Proof of funding (i.e., eligibility letter from DDA; service funding plan for DORS/RSA).

Copy of state issued photo ID

Copy of Social Security card

Copy of Medicaid card

Copy of Metro ID (if available)

Applications will not be processed unless all required documentation has been provided.



Application Timeline

- 🧚 **Applications due as soon as possible**
- 🧚 Applicant **Interviews December through May**
(at the Ivymount School)
- 🧚 **Letters of Acceptance** sent to interns and families no later than **May/June**, or **as soon as funding information is complete**.
- 🧚 Vocational Rehabilitation Counselors will complete eligibility and develop Individual Plan of Employment - summer before program starts.
- 🧚 **Student Applicants only** -- IEP amendments (if applicable) completed by August prior to start of PS program.
- 🧚 New Interns attend Open House at their assigned program, mid-July.
- 🧚 Project SEARCH programs begin late August to early September.

For more information contact one of the following:

**Lu Merrick,
Director, Post High School Programs
The Ivymount School
301-469-0223, ext. 137
lmerrick@ivymount.org**

**Nancy Eaby
SEEC
240-418-7468
PSRecruitment@seeonline.org**

Please complete and return **(print clearly)**

A. Applicant's Personal Data

Name _____
Last First Middle

Address: _____
Street City Zip Code

Applicant's Email _____

Applicant's Phone# _____

Date of Birth: _____ Male Female

Parent/Guardian Name: _____ **Parent/Guardian e-mail:** _____

Address: _____
Street City Zip Code

Parent/Guardian #1 Home Phone: _____ Cell Phone #1: _____

Work Phone: _____

Place of employment: _____

Parent/Guardian #2 Home Phone: _____ Cell Phone #2: _____

Work Phone: _____

Place of employment: _____

B. Parent/Student Information:

1. Release: The student records concerning my son/daughter will be reviewed by the Project SEARCH Selection Committee (For student applicants)
2. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

A four-week trial period will be required of all accepted enrollees. If at any time during this trial period the PS team deems that the program is not a good fit, a meeting will be held with all parties and the intern's placement will be terminated. The parent and applicant agree to comply with this procedure.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature _____ Date: _____

Current Service Provider Information:

Are you currently working with a Service Provider/adult agency? Yes No

If "Yes" provide agency name: _____

Agency contact/consultant's name: _____

Commitment to Community Employment:

Do you currently have a job? Yes No

Do you want to get a job upon completion of the program? Yes No

Does your family support the goal of community employment? Yes No

Do you have a professional working email? Yes No

Email address: _____

Can you be contacted through an answering machine or voice mail? Yes No

Do you have a state photo ID and/or Driver's license? Yes No

If "No" you should obtain one.

Do you willingly follow your school/worksite dress code? Yes No

Do you respond when someone speaks or asks questions? Yes Sometimes No

Do you use an appropriate tone of voice? Yes Sometimes No

Do you use a cell phone appropriately according to school/workplace policy including not talking, answering the phone, texting, listening to music or playing games?

Yes Sometimes No

Are you willing to use public transportation to get to and from the program? Yes No

Do you and your family understand that it is a requirement of the program to either use public transportation (preferred), or make private arrangements to and from program? Yes No

FUTURE EMPLOYMENT PREFERENCES and BACKGROUND:

How do you want to be employed upon completion of Project SEARCH?

Full time Part time

Would you be willing to work holidays and/or weekends?

Yes No

Do you plan to work during the year, in addition to attending the Project SEARCH Program?

Yes

No

If yes where? _____

How many days/ hours? _____

Are you able to pass a background check?

Yes

No

If no, why? _____

List current or past jobs you have had outside of your school program:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Paid	Unpaid
		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:

Can you get to school, work or other appointments on time and independently?

Yes

No

Do you get back to work/class on time after breaks and lunch? Yes Sometimes No

Are you able to stay on task until the job is finished? Yes Sometimes No

Can you return to a task and finish it if you are interrupted in the middle? Yes Sometimes No

Are you comfortable asking your boss or co-workers for help when needed? Yes Sometimes No

What are your strengths? _____

FUNDING & SERVICES AGENCIES: (Complete information needed)

Do you have a Vocational Rehabilitation Counselor?

(MD-DORS or DC-RSA) Yes No

Counselor's Name _____

Phone Number: _____

Have you applied to DDA (Maryland residents) for funding? Yes Don't Know No

DDA funding is the main funding source for participation in Project SEARCH. Without secured DDA funding in place, applicants may consider private pay as an option.

Are you eligible for long-term funding? (MD DDA Transitioning Youth Services or DC DDS Services)

Yes Service Coordinator _____

Phone Number: _____

No

Do you have Medical Assistance (Medicaid)?

Yes Medicaid # _____

No

Do you have SSI or SSDI?

Yes SSN # _____

No

INDEPENDENT LIVING:

How do you participate in daily living activities? (check box that best states the support you need)

Activity of Life	Independent	With Some Help	Need lot of help	Don't Do
Sets & uses an alarm to wake up				
Makes own Breakfast/lunch				
Washes dishes				
Takes out Trash/recycling				
Walks/Feeds Pets				
Makes bed, Cleans Room				
Vacuums/Sweeps/Mops Rooms				
Washes/Dries Clothes				
Makes grocery lists and shops				
Cooks Dinner (simple meals)				
Cleans dishes after eating				
Writes Checks/Use ATM Card				
Uses Email				
Stays at home unsupervised				
Rides Metro train				
Rides Metro/Ride On Bus				
Safety Skills	Independent	With Some Help	Need lot of help	Don't Do
Understands emergency procedures				
Uses a key to enter/exit house				
Distinguishes between friends & strangers				
Carries ID in public				

Uses Cellphone				
Can make calls for assistance if needed				
Personal Health/Hygiene	Independent	With Some Help	Need lot of help	Don't Do
Showers/baths independently				
Exercises positive grooming behaviors				
Washes and combs/brushes own hair				
Shaves regularly				
Goes to sleep at a reasonable time				
Responsible for own medication				
Eats well balanced diet				
Plans leisure activities				
Ride Metro/Ride On Bus				

Please list any strategies that have been successful and lead to greater independence for you:

- _____
- _____
- _____

Please list 3 employment related computer/technology skills that you perform independently:

- _____
- _____
- _____

MEDICAL/PHYSICAL SUMMARY

Do you take medications regularly?

Yes Please complete table below

No

Medications/ Dosage/ Time of day taken by applicant

Medication	Dosage	Time of day	How does it help?

Do you take your medications **independently** (with no assistance)?

Yes

No

List any health or medical issues that may impact a successful job placement:

How long can you be on your feet? _____

Please list any limitations that may impact employment:

What assistive devices do you use? Glasses or contacts Hearing aid(s) Assistive Tech device

Walking or mobility aid or mobility aid other: _____

BEHAVIORAL/PSYCHOLOGICAL/EMOTIONAL SUMMARY:

(Very important to include all current information)

***Please make sure you include most recent Psychological report or therapist summary.**

Do you have any behaviors that need support in order to have a successful job placement?

Yes

No

Please Explain:

Do you see a specialist such as a psychologist, therapist, social worker/counselor, psychiatrist, neurologist, etc. and if yes, how often/how does it help?

Yes

No

Please Explain:

Who do you spend the most time with? _____

In what setting do you feel you are at your best?

Do you have any habits, important routines or personal behaviors that need to be accommodated for you to participate in community activities such as employment?

What is the toughest/most challenging part of your day/week?

When are you the most engaged/interested during the day/week?

When are you the most bored during the day/week?

What are your weekend routines?

***NEATLY* List Three References (other than family members)**
(REQUIRED TO PROCESS APPLICATION):

	Name	Type of Reference	Phone Number	Email Address
1.				
2.				
3.				

It is the most helpful to have references from work or volunteer experiences.

COMPUTER SKILL SET:

Select the level of computer application knowledge that applies:

Program	Never used	Beginner	Intermediate	Advanced
Word				
Excel				
Access				
PowerPoint				
Outlook Email				
Publisher				
Internet				
Gmail				
Other:				
Other:				

Have you taken formal keyboarding or computer classes?

Yes

No

JOB SPECIFIC SKILL SET:

Check the level of knowledge that applies:

Program	Never	Beginner	Intermediate	Advanced
Alphabetical filing – first letter only Ex. A pple B anana				
Alphabetical filing – multiple letters Ex. A pple A ppleton				
Numerical filing – single digit Ex. 1 2				
Numerical filing – multi-digit Ex. 586 5867				
Applies and knows coin values				
Experience folding linens				
Experience stocking supplies				

Displays fine motor skills				
Displays time management skills*				

*Can the applicant come back to work on time from a break or lunch and/or do they understand time lapses (such as estimating how much time a task or lunch may take) and plan accordingly?

BUSINESS MACHINE OPERATION:

Select the level of machine operation experience that applies:

Machine Type	Never	Sometimes	Frequently
Laptop			
Tablet			
Computer			
Printer			
Scanner			
Copier			
Laminator			
Postage Meter			
Fax Machine			
Telephone			
Cell Phone			
Calculator			
Clock (can tell time)			
Cash Register			
Bar Code Scanner			
Other:			

EMPLOYABILITY SKILLS:

Select the level that applies:

Category	Behavior Assessment	Never	Sometimes	Frequently
Leadership	Collaborate to accomplish goal			

Personal	Is motivated to work			
Personal	Is easily distracted			
Personal	Tires easily			
Personal	Is easily frustrated			
Personal	Accepts supervision			
Team Work	Is sensitive to cultural, gender and generational differences			
Team Work	Uses good manners, respects property			
Team Work	Asks for assistance, clarification or direction when necessary			
Team Work	Manages conflict and stress			
Ethics	Honest			
Work Ethic	Willing to take assignments or tasks			
Work Ethic	Works at acceptable speed for task			
Work Ethic	Begins a new task without prompting			
Work Ethic	Takes pride in own work			
Work Ethic	Demonstrates a positive attitude			
Job Standard	Follows dress code; clean, neat appearance			
Job Standard	Shows good hygiene and grooming			
Job Standard	Arrives and leaves on time including meals and breaks			
Job Standard	Attends classes/work on a daily basis with 95% or better attendance			
Job Standard	Copes with frustration in the workplace			
Job Standard	Keeps work area clean and orderly			
Communication	Receives constructive feedback well			
Communication	Shows effective listening skills			

Communication	Maintains appropriate conversation with others in the workplace.			
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If the applicant did not complete the application themselves please identify the person assisting the student/individual to complete this application.

Name	Relation to Applicant	Phone Number	Date
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Organization (if applicable)	Phone Number	Email contact
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Signature

REFERRAL INFORMATION:

How did you hear of Project SEARCH? Please share below:



APPLICANT RESPONSE QUESTION

Why do you want to participate in Project SEARCH? (Complete in **your own words** and/or person assisting will write the responses **in the applicant's own words**)

PROGRAM PREFERENCE:

The selection committee will make recommendations for placement in the Project SEARCH program that we believe best matches an applicant's skills and interests and gives that applicant the best opportunity for employment.

Indicating a preference for a specific program is no guarantee that if accepted you will be placed in that location nor is it a guarantee of employment at that location. If you are **only interested in one program** then only indicate that program as your preference, understanding that it may limit your options for placement.

If accepted into Project SEARCH, I am **only** interested in attending the following program: _____.



Parent/Guardian Agreement

I, _____, understand that if my son/daughter is accepted into a Project SEARCH program I agree to abide by the following terms and conditions:

- I will attend the Intern Update meetings for my son/daughter as scheduled each rotation.
- I will be an active participant and communicate any successes/concerns with the team.
- I will be an active participant in the Family Involvement program as set forth by the parents each program year.
- I will be supportive in helping my son/daughter reach his/her career goals.
- I will be supportive of my son/daughter in learning how to use public transportation.
- I will collaborate with the Project SEARCH team and address any issues and concerns regarding my son/daughter's progress in the program by also working on them at home.
- I will attend any additional meetings that may need to take place to address any disciplinary issues involving my son/daughter.
- I understand that my son/daughter may be sent home if they do not meet the professional standards of appearance concerning dress code and **hygiene**.
- I understand that my son/daughter **will not receive** any related services (Speech Therapy, Occupational Therapy, Physical Therapy or Mental Health Services) as part of the Project SEARCH program.
- I understand that my son/daughter's participation in the Project SEARCH program is an opportunity to increase their employment readiness and it is **NOT a guarantee of employment**.
- I understand that my son/daughter may be asked to leave the program if it is decided that they are no longer a fit for the program or they fail to follow the terms and conditions outlined in the Applicant Agreement and/or the rules and regulations established by the host business.
- I will support the Project SEARCH team in their expectation that my son/daughter follow all of the rules established by the program and host business.
- I understand that there is a **zero tolerance** policy for any aggressive, threatening behavior
- **I will support my son/daughter's decision to work in paid employment following completion of the program.**

I have read the above terms and conditions and agree to support my son/daughter in the ways mentioned above if they are accepted to participate in a Project SEARCH program.

Parent/Guardian Signature

Date



Intern Contract

I, _____, understand that if I participate in a Project SEARCH program I must abide by the following terms and conditions:

- I will complete up to three unpaid job rotations within the host business.
- I will attend the program every day arriving **on-time**, Monday through Friday.
- I will dress appropriately and wear required attire.
- I will bathe/shower, brush my teeth, wear deodorant, fix my hair in the morning, and wear clean and neat clothes daily. **If my hygiene is unacceptable, I may be sent home.**
- I will participate in the daily instructional group and understand that this is an important part of the Project SEARCH program.
- I will call my instructor and department supervisors when I am absent or tardy.
- I will whenever possible, make up any time missed due to absences.
- I understand that there is no school bus transportation and I am responsible for arranging **on-time** transportation to my Project SEARCH site.
- I will learn to use public transportation when available.
- I understand that participation in the Project SEARCH program is an opportunity to increase my employment readiness skills.
- I will actively pursue employment as the goal for participation in Project SEARCH.
- I understand that participation in the program is **NOT a guarantee of employment.**
- I will be expected to increase my independence and responsibility at home as well as in the Project SEARCH program. (i.e., taking care of my personal needs, including personal hygiene; making my own lunch, keeping in mind good nutrition; contributing to my home life by doing daily chores as assigned)
- I will be respectful of people and property at all times.
- I will follow all of the rules established by the program and host business.
- I understand that there is a **zero tolerance** policy for any discrimination, workplace violence (including aggressive and threatening behavior), breach of confidentiality, sexual harassment or harassment of any kind.
- I will self-advocate and be an active participant at my intern update meetings with my job coach, parents, teacher, and business staff.
- Upon completion of the program, I will receive a Certificate of Completion.

I have read the above terms and conditions and agree to abide by them. I accept that the first 4 weeks of the program are a trial period that will determine if I am meeting the program eligibility criteria and terms of the agreement as outlined above. I fully understand and accept that I may be asked to leave the Project SEARCH program at any time if I fail to follow these terms and conditions. My continuing participation in the Project SEARCH program may be reviewed at any time.

Applicant Signature

Date