



Project Search Application

This application is used for all East Bay Innovations' Project SEARCH Sites, which include:

Kaiser HRSC/College of Alameda, Alameda, CA (running January through December)

County of Alameda/Oakland Adult & Career Education, Oakland, CA (running February through January)

Children's Hospital /Oakland Adult & Career Education, Oakland, CA (running August through July)

Please note which Project SEARCH Program 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 _____

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All Project Search applicants must meet the following criteria:

- Be at least 22 years of age or graduated with a high school diploma.
- Be highly motivated to be employed.
- Possess necessary documentation in order to work.
- Be an active consumer of the 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.
- Ability to maintain excellent attendance while attending a full time, year-round unpaid internship program.
- Maintain appropriate behavior and social skills in the workplace.
- Ability to adhere to the host business code of conduct, policies and professionalism.

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 by deadline specified for specific Project SEARCH program site to:
Lori Kotsonas
East Bay Innovations
303 W Joaquin Ave. Suite 110
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 within 4 weeks of the interview
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 and Project SEARCH (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 Vocational 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 attending an adult service program?

Yes Name _____ Phone Number: _____
No

Are you currently in school?

Yes School Name _____ Phone Number: _____
Teacher Name _____ Phone Number _____
Name _____

No

A two-week trial period will be required of all accepted enrollees. The parent and student agree to comply with this procedure.

Applicant Signature: _____ Date: _____

Parent Signature _____ Date: _____

EMPLOYMENT:

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

Employer	Job Title	Job Duties	Supervisor Name	phone number	Dates	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 friends

(from Mc Carther station)

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

Medications:

Medication	Dosage	Time of day

STUDENT 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.				

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 disability.

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 the educational partner (Oakland Unified School District or College of Alameda) to review records East Bay Innovations receives from the Regional Center of the East Bay in regards to my medical history, vocational history, educational history, and disability.

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 the educational partner (Oakland Unified School District or College of Alameda) and EAST BAY INNOVATIONS to share information in regards to my medical history, vocational history, educational history, and disability.

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

