CONFIDENTIALITY STATEMENT

Project SEARCH internship applications contain confidential information and will not be released without prior approval from the Applicant and/or their Parent/Guardian and/or the Vice President of Advocacy & External Affairs at Seton Healthcare Family.

The Selection Committee understands the importance of controlling access to applications in their care and the sensitive and confidential nature of the information contained in them.

Every Project SEARCH candidate is required to complete an application. We do not provide copies of candidates’ applications to other organizations or colleagues outside of our company other than the Selection Committee.

NON-DISCIMINATION STATEMENT

Project SEARCH will not discriminate against any applicant for Project SEARCH selection because of applicant’s age, sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression.
Application Purpose & Guidelines

The purpose of this application packet is to outline the skills, abilities and interests of the Project SEARCH candidate. The application packet enables the Selection Committee* to properly assess each candidate’s strengths and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. The goal is to select interns who will be successful in Project SEARCH and develop the skills necessary to compete in the current workforce. Employment is not a guarantee.

The selection process includes the following guidelines:

1. Completed application packets must be returned by **February 12, 2015**. Packets received after this date will be considered on an availability basis. All completed application packets should be mailed to:

   **Seton Healthcare Family**
   **Project SEARCH**
   **1345 Philomena Street, Suite 252**
   **Austin, TX 78723**

2. All candidates must **fully** complete this application packet in order to be considered for participation in Project SEARCH. See the checklist on the following page.

3. Recruitment for Project SEARCH is held in the winter of each year. However, there may be exceptions for entrance throughout the school year.

4. Interested applicants are encouraged to participate in a tour of Project SEARCH at Seton Healthcare Family to observe the culture and discuss Project SEARCH internships prior to applying for Project SEARCH. For more information on tours or tour schedules, please email projectsearch@seton.org.

5. The Selection Committee will determine if the student is an appropriate candidate to be accepted into Project SEARCH, which will maximize job skill building and the opportunity for competitive employment. Eligibility to receive services from the Texas Department of Assistive and Rehabilitative Services (DARS) is key. For information on DARS eligibility, please visit www.dars.state.tx.us or contact your local DARS office.

*The Selection Committee includes representatives from Seton Healthcare Family, designated Project SEARCH teacher and/or representatives from the participating school district, a representative from the Texas Department of Assistive and Rehabilitative Services (DARS), a representative from the Community Rehabilitation Provider and a representative from the Long Term Provider.
Completed Application Packet Checklist

*PLEASE NOTE*
Documents must be completed and sent together for application to be considered. Questions regarding application packet should be sent to projectsearch@seton.org.

_____ Completed application

_____ Recent photo within the past year

_____ Current Admission, Review and Dismissal (ARD)

_____ Referral or Individual Plan for Employment (IPE) from the Texas Department of Assistive and Rehabilitative Services
The following information is to be completed by the student, parents/guardians, and teachers collaboratively:

APPLICANT INFORMATION

Name: ____________________________________________________________
Home Phone: ___________________________ Cell Phone: ___________________________
E-mail Address: __________________________________________________________
Address: ________________________________________________________________
________________________________________________
Date of Birth: ________________________ Social Security Number: ____________________
State ID or Driver’s License Number: _______________________ Issuing State: __________
School District: __________________________________________________________
Referring Teacher or Counselor Name: _________________________________
Work Phone: _____________________________________________________________

PARENT/GUARDIAN CONTACT INFORMATION

Name: ____________________________ Home Phone: ____________________
Business phone: ______________________ Cell Phone: ___________________________
Email: ______________________________
Home Address: ___________________________________________________________
Employer: ____________________________ Title: ___________________________
Relationship to Applicant: ________________________________________________
Preferred method of communication: email / phone (circle one)
EMERGENCY CONTACT INFORMATION

**Primary** Contact: ______________________________________________

Home Phone: ______________________________________________________

Cell Phone: ________________________________________________________

Relationship to Applicant: _________________________________________

**Secondary** Contact: _____________________________________________

Home Phone: ______________________________________________________

Cell Phone: ________________________________________________________

Relationship to Applicant: _________________________________________

APPLICANT’S EMPLOYMENT EXPERIENCE

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

Full time           Part time

Are there any barriers which would prevent you from being employed full time?

Yes               No

Do you plan to work during the school year, in addition to being in Project SEARCH?*

Yes               No

If yes where?       How many days/ hours?

*Project SEARCH will accommodate work schedules at other employment sites during the internship year, as long as it does not interfere with the Project SEARCH internship calendar.
Please list all previous paid or unpaid employment, volunteer or vocational experience starting with the most current (use an additional sheet if necessary).

1. Organization Name and Address:

____________________________________________________________________________

____________________________________________________________________________

Job Title: _____________________________________________________________________

Job Responsibilities:

____________________________________________________________________________

____________________________________________________________________________

Paid or Unpaid: __________________________________________________________________

Reason for leaving: __________________________________________________________________

2. Organization Name and Address:

____________________________________________________________________________

____________________________________________________________________________

Job Title: _____________________________________________________________________

Job Responsibilities:

____________________________________________________________________________

____________________________________________________________________________

Paid or Unpaid: __________________________________________________________________

Reason for leaving: __________________________________________________________________

3. Organization Name and Address:

____________________________________________________________________________

____________________________________________________________________________
Job Title: ______________________________________________

Job Responsibilities:
_____________________________________________________
_____________________________________________________

Paid or Unpaid: ___________________________________________

Reason for leaving: _______________________________________

**SERVICE AGENCIES**

Do you have a Texas Department of Assistive and Rehabilitative Services (DARS) counselor or caseworker?

   Yes       No

Name of counselor or caseworker:
_____________________________________________________

What DARS or other agency services have you utilized in the past?

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Purpose</th>
</tr>
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<tbody>
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</table>

Do you currently receive benefits from the Social Security Administration such as Social Security Disability Insurance (SSDI) or Social Security Income (SSI)?

   Yes       No

Are you enrolled in a waiver program through the Texas Department of Aging and Disability Services (DADS)?

   Yes       No
INDEPENDENT LIVING & TRANSPORTATION

If selected to participate in Project SEARCH, how do you plan to get to and from the Project SEARCH site for the internship year?

___________________________________________________________________________________________

If you are to become employed, how do you plan to get to and from work?

___________________________________________________________________________________________

Have you independently used a public transit system in the past (for example, Austin - CapMetro)?

Yes  No

Would you be willing to participate in bus training during your internship?

Yes  No

Do you have any concerns with taking the public bus to and from work?

Yes  No

If so, please list your concerns:

___________________________________________________________________________________________

___________________________________________________________________________________________

BEHAVIORAL SUMMARY

Have you ever been suspended/expelled/removed from the school environment for any reason?

Yes  No

If yes, please explain:

___________________________________________________________________________________________

___________________________________________________________________________________________
Have you had any difficulty with attendance or punctuality at school, work or in a vocational program?

Yes  No

If yes, please explain:

QUESTIONS FOR APPLICANT

This section is to be answered solely by the applicant. Assistance is only permitted with writing the answers from a parent, guardian or teacher.

1. What is a job?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Why do you think people work?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Why do YOU want to work?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
4. Why do you want to be a part of Project SEARCH? What do you hope to achieve?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

5. Do you have any long term employment goals? If so, what are they?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please use this space to write down any questions you have for Project SEARCH staff:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

This application has been completed by:

______________________________  ______________________  ______________________
Student Signature  

Student Name Printed  Date

______________________________
Scribe Signature (Individual who assisted the applicant with writing answers)

______________________________  ______________________
Scribe Name & Title Printed (Individual who assisted the applicant with writing answers)  Date