

## Application Purpose & Guidelines

The purpose of this application is to look at the skill set of each individual applying and make sure we are matching the applicant to a job that is suitable for them. The information on the application will enable the Ready 2 Work! team to assess the candidate's skill set, their abilities, and background before accepting them and placing them in the field. The Ready 2 Work! team may contact the applicant's references, parents, or the applicants themselves to gain any additional information that may be needed.

Consideration for acceptance into the internship program will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.

The goal of the Ready 2 Work! Program is to have the applicants that are selected to participate in the internship gain meaningful and competitive employment experience to put on their resume. There is not a guarantee of employment within the company after completing the internship program.

The program supervisor and/or job coach has the ultimate decision on program entry.

Interns are admitted based on the following criteria:

- 18 or older
- Have a High School Diploma/GED
- Demonstrates a minimum of a 3<sup>rd</sup> grade reading and math equivalency
- Able to pass a drug screen and background check
- Able to take verbal direction and accept constructive feedback
- Able to manipulate crowded spaces independently
- Have previous "work" experience through a paid or unpaid job or job readiness program
- Desire to work competitively and gain new work skills

In the event of waitlist applications, resumes, and letters of recommendation will be held and considered as opportunities arise.

## Application Packet Checklist

The following must be submitted as part of the application packet:

- Completed Application**
- Copy of State ID/Driver's License**
- Copy of Social Security Card**
- Most Recent Individual Education Plan (IEP) including Transition Goals** *(if applicable)*
- Most Recent Evaluation Team Report (ETR)\*** *(if applicable)*  
\* Include Most Recent Math and Reading Scores/Grade Levels
- Most Recent Individualized Service Plan (ISP)** *(if applicable)*
- Most Recent Individualized Plan for Employment (IPE)** *(if applicable)*
- Two letters of recommendation from non-family members in regards to the applicant's work ethic and behavior**

### Submit the completed application packet to:

The Children's Home of Cincinnati  
Pam Wilder  
5050 Madison Road  
Cincinnati, Ohio 45227

**The printed application packet must be received no later than 4:30 p.m. on Friday, May 4, 2018.**

## GENERAL INFORMATION

Last Name		
First Name		
Middle Name		
Name you prefer to be called		
Date of Birth		
Social Security Number		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Primary Language, if other than English		
Education	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	
Street Address		
City		
State		
Zip Code		
Phone		
Legal Guardian, if applicable		
Father's Name		
Home Street Address, if different		
City, State, Zip		
Email Address		
Home Phone		
Cell Phone		
Work Phone		
Mother's Name		
Home Street Address, if different		
City, State, Zip		
Email Address		
Home Phone		
Cell Phone		
Work Phone		

## EMPLOYMENT BACKGROUND

List any jobs you have had at a company, school, or in the community (including volunteer work).

Employer/Organization Street Address City, State, Zip Phone	Dates	Job Title List of Top 3 Job Duties	Supervisor's Name	Paid	Unpaid
	From:	Job Title		<input type="checkbox"/>	<input type="checkbox"/>
		1.			
	To:	2.			
		3.			
	From:	Job Title		<input type="checkbox"/>	<input type="checkbox"/>
		1.			
	To:	2.			
		3.			
	From:	Job Title		<input type="checkbox"/>	<input type="checkbox"/>
		1.			
	To:	2.			
		3.			

Additional job or volunteer experiences:

Have you received job coach services during work experience in the past?  Yes  No

Are you currently receiving job coach services during work experience?  Yes  No

– If yes, what percent of the time is the job coach involved in the work experience?

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:

If you are accepted to the Ready 2 Work! program, and after it is completed, do you plan on getting and maintaining a:

<input type="checkbox"/> Full-time Job	<input type="checkbox"/> Part-time Job	How many days/hours per week?		Other	
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What kind of work would you like to do?

## TRANSPORTATION

How do you plan to get to work each day?

Metro

Access

Drive self

Parent

Other; please specify:

## SERVICE AGENCIES

Do you have a Vocational Rehabilitation Counselor (OOD)?

Yes  No

– If yes, what is your counselor's name and phone number?

Name

Phone Number

Are you eligible for services from the County Board of Developmental Disabilities (DDS)?

Yes  No  Never applied

– If yes, what is your counselor's name and phone number?

Name

Phone Number

## RESPONSE QUESTIONS

Why are you applying to Ready 2 Work!?

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

Please list any limitations that may impact an internship rotation or employment:

List any skills you wish to learn during your internship experience, e.g., resume writing; writing a cover letter, interviewing skills, job seeking skills, etc.

## COPING IN THE WORK ENVIRONMENT

Which of the following would be challenging for you in a work setting?

Interactions with co-workers

Sensory Stimuli; please specify:

Unexpected changes/transitions

Unclear expectations

Other; please specify:

None of the above

## LETTERS OF RECOMMENDATIONS FROM YOUR REFERENCES

As part of the application packet, applicants must submit a minimum of two, and a maximum of three, letters of recommendation from non-family members in regards to your work ethic and behavior. Please list:

	Name	Relation to You	Phone Number	Email address
1.				
2.				
3.				

## APPLICANT INFORMATION

Describe any concerns you and your team have identified that would be important for our staff members to be aware of regarding social and/or self-concept issues.

Describe areas of strength that you or your team have identified.

Describe the relationship you have with supervisors and/or authority figures.

Describe the relationship you have with peers/co-workers.

### APPLICANT INFORMATION (continued)

What types of methods are most effective when dealing with any challenging behavior you may demonstrate while getting corrective feedback while on the job?

What three goals do you hope to accomplish if you were to be selected for this internship?

### APPLICATION CERTIFICATION

This application has been completed by:

Name

Title

Phone Number

Date

My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal.

Applicant's  
Signature

X \_\_\_\_\_

Date