



Project SEARCH Intern Application

Name: _____

Attach recent photo of candidate here:

A large empty rectangular box for attaching a recent photo of the candidate.

Please check which applies to you:

☐ Has been determined eligible for Vocational Rehabilitation and their VR counselor is:

_____.

☐ Receives ID/DD Waiver through The Department of Mental Health (Bureau of Intellectual and Developmental Disabilities)

The Project SEARCH program runs from August through May, Monday through Friday, in accordance with the Rankin County School District's calendar. Hours are generally 8:30 a.m. to 2:00 p.m., but are subject to change.

Application Purpose & Guidelines

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. The Selection Committee will include representative(s) from Rankin County School District, Mississippi Department of Rehabilitation Services, and University of Mississippi Medical Center.

Our final goal is to select Interns who will be successful in a Project SEARCH program and be eligible to reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

- ALL candidates must have an open case with Vocational Rehabilitation or be receiving ID/DD Waiver Services.
- ALL candidates must meet academic requirements for graduation including meeting any state assessment requirements and agree to exit upon successful completion of the program.
- Although applications are accepted year-round, applications for the upcoming 2022 – 2023 school year must be submitted by Friday, February 4, 2022.

**Christina Guarino
Rankin County School District
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Brandon, MS 39042
(601)825-5590
or email to chr517@rcsd.ms**

The Selection Committee will begin reviewing applications in February.

- The candidate *may* be contacted for further information or to schedule a face-to-face interview.
- Notification of the candidate's acceptance status will be sent to the candidate's mailing address in April once reviewed and determined by the selection committee.

If accepted:

- The Selection Committee will review the application and match the intern skill set and interests with the appropriate Project SEARCH internships/rotations.
- ***The intern is only permitted an allotment of 9 days off in addition to school holidays. The 9 days off include "bad weather days," bereavement leave, sick days, etc. Completing this application is an agreement to abide by Project SEARCH's attendance policy. Failure to adhere to the policy may result in dismissal from the program.***
- **The intern must abide by the rules and guidelines set forth in the Project SEARCH Handbook. Failure to follow these rules and guidelines may result in dismissal from the program.**

Project SEARCH Application Packet Checklist:

The following must be completed and sent with the application:

- ☐ **Completed Application Packet (including a photo on page 1)**
- ☐ **High School Transcript including attendance record**
- ☐ **Most recent IEP or Summary of Performance from high school**
- ☐ **Evaluation/Summary from any other formal training (if applicable) including attendance record**
- ☐ **Documentation of disability (Evaluation and Eligibility Report)**
- ☐ **Recommendation Forms (at least two; one must be a teacher and the other a school employee)**
- ☐ **Resume (include paid and non-paid experiences)**
- ☐ **Copy of Current Plan of Supports and Services (for Waiver candidates only)**

APPLICATION FOR ADMISSION

Personal Data

Name

Last

First

Middle

SS#:

Address:

Street

City

Zip Code

County:

Applicant's cell phone number:

Date of Birth:

☐ Male

☐ Female

Applicant's
Age:

Applicant's email address (this will be our **primary** contact):

Attending School:

Parent #1 / Guardian Name: Parent/Guardian e-mail:

Are you the legal conservator? ☐ Yes ☐ No

Address: Street City: Zip:

Parent #1/Guardian #1 Home
Phone:

Cell Phone:

Work Phone:

County of Residence:

Parents' email address:

Parent #2 / Guardian Name: Parent/Guardian e-mail:

Are you the legal conservator? ☐ Yes ☐ No

Address: Street City: Zip:

Parent #2/Guardian #2 Home
Phone:

Cell Phone:

Work Phone:

	County of Residence: _____
	Parents' email address: _____

Project SEARCH interns are required to have a disability that impacts employment opportunities.

Please indicate your disability: _____
(If you do not know, please ask your teacher or VR counselor)

Describe how your disability affects your daily activities and your ability to obtain or retain employment:

Please list any kind of aids/supports or assistive technology that you use to accommodate your disability (ex: hearing aid, cane, specific cell phone app, etc.)

DESCRIBE YOUR SERVICE AGENCIES:

Are you receiving Social Security benefits?
☐ Yes ☐ No

If Yes, what benefits are you receiving? ☐ SSI ☐ SSDI

Are you receiving Medicaid Waiver Services?
☐ Yes ☐ No

HEALTH STATUS

Medication	Dosage and time of day	Reason prescribed

Are you able to independently manage your health needs?

☐ Yes ☐ No

Date of last dental exam _____ Provider name and contact _____

Date of last vision exam _____ Provider name and contact _____

Do you wear glasses as prescribed? _____

Do you wear contacts as prescribed? _____

List ALL current health and medical issues (including allergies, vision, hearing, balance, limited endurance, etc.):

List ALL hospitalizations / surgeries (including psychiatric treatment)

Facility and contact information	Date	Reason for treatment

BEHAVIORAL SUMMARY:

Do you have any behaviors that might impact a successful job placement?

☐ Yes ☐ No

If Yes, please explain:

Have you ever been placed on a Behavior Plan while in school?

☐ Yes ☐ No

If Yes, please attach the plan to this application.

Have you ever been suspended/excluded/removed from school?

☐ Yes ☐ No

If Yes, please explain:

Have you been involved in the court system (excluding DCS, DHS or conservatorship)?

☐ Yes ☐ No

If Yes, please explain:

Are you able to pass a criminal background check?

☐ Yes ☐ No

Are you able to pass a drug screening?

☐ Yes ☐ No

EMPLOYMENT BACKGROUND:

List jobs you do or have done in school or in the community (including volunteering):

Employer/ Organization	Dates	Job Duties	Supervisor Name	Contact Number	Paid? (circle one)	How did you obtain this position?
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	
					Yes/No	

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:

List Three References (Non-Related):

	Name	How do you know this person?	Phone Number	Email Address
1.				
2.				
3.				

TRANSPORTATION:

If you miss the Rankin County School District bus, what is the back-up plan?

☐ Public Transportation ☐ Parents ☐ Other

How do you plan to get to work once you are employed?
(keep in mind the job could be 1st, 2nd or 3rd shift)

☐ Public Transportation ☐ Parents ☐ Drive Self ☐ Other _____

Currently, can you cross the street at an intersection independently? ☐ Yes ☐ No

Are you willing and capable to successfully learn and navigate the UMMC Shuttle system for *independent* travel? ☐ Yes ☐ No

If No, please explain:

What forms of public transportation have you utilized independently (ex: shuttle, MTA, cab, etc.)?

If the candidate did not fill out this application, please explain the reason:

Please list the names and roles and contact information of the team members that completed this application (if applicable):

Please provide a brief explanation of the goal(s) you hope to achieve if chosen as a participant in the Project SEARCH program.

By signing this, the applicant is stating all the above is true and thorough to the best of their knowledge. Undisclosed medical/behavior or legal information affecting Project SEARCH training, job placement, or job retention may be grounds for dismissal.

A parent, counselor, teacher, listed reference, former training facility, medical provider, or employer may be contacted by the Selection Committee to gather additional information. By signing this, the applicant and/or conservator gives permission to release all information requested from people/agencies/schools/medical providers listed in this document and documents provided by Vocational Rehabilitation to Project SEARCH.

By signing this, the applicant agrees to obtain or possess a valid form of identification (state ID), complete a criminal background check, complete TB skin test, complete a drug screen, and receive vaccinations (including the flu and COVID 19 vaccines) required of all UMMC employees. MDRS will provide financial assistance for any of these requirements not covered by the applicant's medical insurance. The applicant also agrees to attend two orientations prior to the start of the internship.

The applicant and/or parent/conservator agree to provide transportation following the internship if an employment opportunity is extended from the UMMC or related business.

Applicant's consent and information:

Name	Title	Date
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Signature

Parent(s) and/or Conservator and information:

Name	Title	Date
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Signature

Recommendation Form

Applicant's Name: _____

I give the individual identified below full permission to release recommendation information to the Selection Committee on my behalf. I do waive _____ do not waive _____ my rights to see letters of recommendation submitted on my behalf.

Signature of Student: _____ Date: _____

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified area:

Area	Fair	Good	Excellent
Ability to Follow Directions			
Ability to Make Good Decisions			
Ability to Work in a Group			
Ability to Work Independently			
Attendance			
Attentiveness			
Class Participation			
Completes Assignments on Time			
Communication Skills			
Desire to Work			
Hygiene			
Punctuality			
Respect for Others			
Reliability			
Requires a low degree of supervision			

Please provide a description of the applicant's work habits (Feel free to attach an additional sheet):

Name: _____ Title: _____

How long have you known the applicant? _____ Relationship: _____

Email: _____ Phone: _____

Signature: _____ Date: _____