



Out-of-School Participant Application



PARENTS ALLIANCE EMPLOYMENT PROJECT

What are the requirements to be participants?

- Must be 18-24
- Must have accepted their high school diploma
- Individuals residing in DuPage County or nearby counties
- Must have proof of disability (IEP/DRS paperwork/doctor's note or records)
- Must have a desire to work competitively and develop strong work ethics
- Ability to pass a drug screen and background check
- Participants is expected to play an active role in ALL job related activities
- Have independent hygiene and grooming skills
- Be able to access public transportation (travel training provided by program)

Please select the program(s) of interest:

Inspired by Ability Program - Lisle, IL

Career Academy Alliance Program - Hillside, IL

Application Check List

Completed Application Packet

Resume

Proof of Disability

High School Diploma – Can be provided later if student is still in school

Return completed Packet to:

Parents Alliance Employment Project (PAEP)

Kiersten Lira,
Program Manager
Parents Alliance Employment Project
2525 Cabot Drive, Suite 205
Lisle, IL 60532
630-449-2707
klira@parents-alliance.org

Applicant Information:

First Name _____ MI _____

Last Name _____ Birthdate _____

Street Address _____

_____ City _____ Zip _____

Phone Number _____ Email _____

Social Security number _____ - _____ - _____ Gender _____ Age _____

Primary Disability _____ Secondary Disability _____

Receiving Government Benefits?

None SSI SSDI Medicaid Medicare SNAP Other _____

Parent/Guardian Information:

Are you your own guardian? Yes No If no, who is your guardian? _____

What is their relationship to you? _____

Parent Name _____

Street Address _____

_____ City _____ Zip _____

Phone Number _____ Email _____

Parent Name _____

Street Address _____

_____ City _____ Zip _____

Phone Number _____ Email _____

Emergency Contacts:

Please list one person that does not live with you.

Name _____

Phone Number _____ Email _____

Relationship _____

Name _____

Phone Number _____ Email _____

Relationship _____

Education:

High School Name _____

Did you receive your diploma/GED? _____ Graduation Month and Year _____

College or University Name _____

Degree or Certificate _____ Graduation Month and Year _____

Do you have plans to continue your education?

Attendance at School, Work, Volunteering, or other Recreational Activities

- I have had no absences or tardies within the past year
- I have had 1-5 absences or tardies within the past year
- I have had 5-10 absences or tardies within the past year
- I have had 10 or more absences or tardies within the past year
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visit

If you were going to be late to Inspired by Ability, what would you do?

Employment/Volunteer History:

Please use the following tables to provide any job experiences (paid, unpaid, vocational training, volunteer, etc.) List most recent work history first:

Paid **Volunteer** **Vocational Training/School**

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:
Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Paid **Volunteer** **Vocational Training/School**

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:
Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Paid Volunteer Vocational Training/School

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:
Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Paid Volunteer Vocational Training/School

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:
Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

Employment Preferences & Skills:

What is your current career of interest?

When you are hired for paid employment, how many hours do you want to work? Please check both if applicable:

Full-time: (40+hours/week)

Part-time: At least 16 hours/week

Are you willing to work holidays and/or weekends?

Yes

No

Will you be able to pass a pre-employment drug test?

Yes

No

Will you be able to pass a criminal background check?

Yes

No

What kind of work would you absolutely NOT like to do?

List any activities currently involved in outside of Inspired by Ability that affect availability to work (school, recreational activities, counseling, etc.):

Hours of availability – Please list timeframes that you are available for work each day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							

Transportation:

How do you plan to get to Inspired by Ability?

- I have my own car, driver's license, and insurance
- I know how to use public transportation
- I am willing to learn to use public transportation
- I use door-to-door or para-transit system independently (Pace or Ride DuPage)
 - Parents or guardian makes appointment for me
 - I make my own appointment
- I have family members/other who are willing to provide on-going transportation

Other transportation options: _____

Health Information

Medications taken by applicant:

Medication	Dosage	Purpose	Side Effects

Do you have any health or medical limitations that may impact your ability to work?

Do you have any other challenges or limitations that may impact your ability to work?

Please explain any accommodations or modifications needed to address these limitations:

Inspired by Ability Questionnaire:

What activities or hobbies do you enjoy doing in your free time?

Name major strengths or talents that you possess:

Name a few areas that you want to improve on:

How do you react when someone gives you feedback?

What causes you to feel stressed out?

Why do you want to participate in Inspired by Ability?

Communication & Behavior:

- | | | | |
|---|---------------------------------|------------------------------------|--------------------------------|
| I respond when someone speaks to me | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I make eye contact when talking to others | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use an appropriate tone of voice | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am comfortable starting a conversation | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I engage in appropriate conversations | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use appropriate body language | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am aware of personal space | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I swear/use profanity inappropriately | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I lose my temper with others | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I display aggressive behaviors | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use a cell phone at appropriate times | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am easily understood by others | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I have trouble getting my message across to others | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use adaptive equipment to communicate | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use an interpreter and/or sign language to communicate | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I work cooperatively with others | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I talk about the same topics over and over again | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I have acted aggressively in a school/work setting | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

Life Skills & Independence:

- | | | |
|--|------------------------------|-----------------------------|
| I want to get a job and be independent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| My family supports the goal of competitive employment in the community | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can access personal information to complete a paper application | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have had experience with completing online applications | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to count money and make change accurately | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can be on my feet for 4 hours without breaks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am independent with toileting needs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I take daily showers/baths without reminders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to dress appropriately for the weather | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can read a digital clock and tell time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can read a face clock and tell the time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I know keep track of time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am on time for my appointments or work day | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| After lunch or a break, I get back to class or work on time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can make an appointment by phone | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can be home alone | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I do chores such as making the bed and taking out the trash | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can prepare a lunch or a snack | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I understand what foods are good for me | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to stay awake for a 6 to 8 hour day | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I followed my school dress code or work uniform | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can write on my own | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I stay on task until it is finished | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If interrupted, I can return to the task and finish it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I ask for help when I need it | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Technology:

- I have basic keyboarding skills and use correct typing techniques Yes No
- I have basic keyboarding skills and use only two fingers to type Yes No
- I can use Microsoft Word to create letters and other documents Yes No
- I can use Microsoft Excel and create spreadsheets and other documents Yes No
- I use email correctly and regularly Yes No
- I can access the internet to get information Yes No
- I can use the computer to play games, watch TV, and listen to music Yes No
- I use a cell phone to talk to others Yes No
- I use a cell phone for texting Yes No

References:

Please list three Non-Family References who have firsthand knowledge of your work.

**By providing the following references you allow PAEP staff to perform a reference check.*

	Name	Phone number	Email	Relationship
1.				
2.				
3.				

Applicant/Parent/Guardian Consent:

1. By signing this application, you are agreeing to release the above information to Parents Alliance Employment Project. The use of the provided information will be kept confidential and will only be shared by the aforementioned parties unless otherwise specified.
2. Offer of selection is contingent upon completion of the full application, participation in interview day, and is at the sole discretion of the Parents Alliance Employment Project team.
3. Equal Opportunity: Parents Alliance Employment Project and associated collaborative partners provides equal opportunities to all applicants and participants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of participation, including application, selection, placement, follow up, termination, leave of absence, and training.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____