

CREATE Internships Application and Information Release



Please submit applications to:

Vocational Training Center
c/o CREATE Internships
424 – 9th Avenue South
Fargo, ND 58103

Please include the completed pre-application Employability Screening Criteria with your application.

Applying for: Fall 19 Spring 20 Summer 20

Candidate's Name: _____ Date of Birth: ____/____/____

Candidate's Mailing Address: _____

City, State, Zip: _____

Candidate's Cell: _____ Email: _____

Preferred contact method: Text Phone Email

Reference Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Parent's/Guardian's Name: _____

Email Address: _____

Main Phone: _____ Alternate Phone: _____

GENERAL INFORMATION:

What is your age? _____

Do you have a picture ID or birth certificate to verify your date of birth? Yes No

Are you registered for the Selective Service? Yes No

Are you eligible to work in the United States? Yes No

Do you have an original social security card to show an employer for employment? Yes No

Have you ever been convicted of a criminal offense? Yes No If yes, explain: _____

Do you have SSI/SSDI? Yes No

Do you have Medicaid/Medicare? Yes No

TRANSPORTATION:

Do you currently have a driver's license? Yes No

How will you get to work?

MAT Bus PARA Own Car Rides Bike Other _____

Do you feel comfortable using public transportation? Yes No

Candidate's Initials: _____



EDUCATIONAL BACKGROUND:

Have you graduated from high school? Yes No
If No, do you still need elective credits to graduate? _____
When do you expect to receive a signed diploma? _____
School Attending: _____

EMPLOYMENT/VOLUNTEER BACKGROUND:

Employer/Volunteer Site: _____

Dates of Employment/Volunteer: From (M/Y): ____/____ to ____/____

Job Title: _____

Was this a paid position? Yes No Wage earned: \$____ p/____
Is or was a job coach present on job site? Yes No
If yes, how often? ____ Some of the time ____ Most of the time ____ All the time

Employer/Volunteer Site: _____

Dates of Employment/Volunteer: From (M/Y): ____/____ to ____/____

Job Title: _____

Was this a paid position? Yes No Wage earned: \$____ p/____
Is or was a job coach present on job site? Yes No
If yes, how often? ____ Some of the time ____ Most of the time ____ All the time

Employer/Volunteer Site: _____

Dates of Employment/Volunteer: From (M/Y): ____/____ to ____/____

Job Title: _____

Was this a paid position? Yes No Wage earned: \$____ p/____
Is or was a job coach present on job site? Yes No
If yes, how often? ____ Some of the time ____ Most of the time ____ All the time

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Candidate's Initials: _____



SERVICE AGENCIES: (Complete all that apply and include name of agency Professional)

Division of Vocational Rehabilitation – Counselor: _____

State School for the Blind – Case Manager: _____

Southeast Human Service Center – Program Manager: _____

Job Service of North Dakota – Case Manager: _____

Day Supports – Case Manager: _____

Extended Services – Case Manager: _____

DD Residential Services – Case Manager: _____

IEP – Case Manager: _____

Adult Education – Case Manager: _____

Other Agency: _____ Case Manager: _____ Phone: _____

Other Agency: _____ Case Manager: _____ Phone: _____

SUPPORTS & ASSISTIVE TECHNOLOGY:

What do you believe your disability prevents you from doing? _____

Do you have any sensory sensitivities (i.e.: light, noise, textures, etc.?) _____

Please list what kind of supports or assistive technology do you currently use: _____

Are there any accommodations/assisted technology you can think of that would help you complete your internship?

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Candidate's Initials: _____

Can you complete the following tasks?	Yes	No
Can you lift 10lbs?		
Can you walk one city block?		
Can you climb stairs?		
Can you stand for 15 to 20 minutes?		
Can you bend to pick up an object on the floor?		
Can you reach for something in a cupboard or on a shelf?		
Can you hold a writing instrument?		
Can you hold a cup or pop can with one hand?		

Do you use sign language? Yes No

Do you require a sign language interpreter? Yes No

If your current primary language is not English, please indicate which language:

Do you require information in alternative formats (Braille, large print, etc.): Yes No

If yes, please specify: _____

JOB SPECIFIC SKILL SET:

Check the level of knowledge that applies:

Program	Never used	With significant help	With occasional help	With no help
Alphabetical filing Ex. Blueberry Ex. Blue Cantaloupe Blueberry				
Numerical filing Ex. 6 Ex. 865 7 8656				
Counting money & making change				
Serve food				
Stocking shelves				
Using knives, scissors, box cutters				
Using power tools				
Composing an email				

Additional Skills you may have: _____

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Candidate's Initials: _____



COMPUTER SKILL SET:

Select the level of computer application knowledge that applies:

PROGRAM	Never used	With significant help	With occasional help	With no help
MS Word				
MS Excel				
MS PowerPoint				
Email				
Internet				
Photoshop or similar				

Have you taken formal keyboarding or computer classes? Yes No If yes, WPM? _____

BUSINESS MACHINE OPERATION:

Select the level of machine operation knowledge that applies:

NAME	Never used	With significant help	With occasional help	With no help
Cash Register				
Laptop/Desktop Computer				
Scanner				
Paper Shredder				
Printer/Copier				
Commercial Dishwasher				
Telephone				
Smart Phone				
Calculator				
Clock – can tell time?				

Additional machines I have used: _____

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Teachers: (For interns who are in-school only)

**** Upon acceptance into the internship program an IEP may be requested.**

SIGNATURES:

I understand that any misrepresentation, concealing, or falsifying of information on this application or during my internship hiring process will be grounds for immediate dismissal. I also understand that my application will be shared with and reviewed by the appointed CREATE Internships task force selection committee and staff members.

My signature below indicates that I understand that this application will be reviewed by the CREATE Internships staff.

Internship Candidate's Signature

____/____/____
Date

Reference Signature

____/____/____
Date

Guardian's Signature (if applicable)

____/____/____
Date