

CREATE Internships Application and Information Release



Please submit applications to:

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

The following application should be completed after the intern candidate has met the requirements identified in the Employability Screening Criteria. In order to be considered, the pre-application Employability Screening Criteria must be included with your application. Applicants applying for an internship, whether in-school or out-of-school, should work with their case manager to complete this application. In addition to completing this application, a face-to-face interview is required.

Candidate's Name: _____

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

Candidate's Mailing Address: _____

City, State, Zip: _____

Candidate's Cell: _____

Referring Professional's Name: _____ **Relationship:** _____

Email Address: _____

Work Phone: _____

Case Manager's Name (if applicable): _____

Email Address: _____

Work Phone: _____

Parent's/Guardian's Name: _____

Place of Employment – 1: _____

Place of Employment – 2: _____

Email Address: _____

Work Phone – 1: _____ **Home Phone:** _____

Work Phone – 2: _____ **Cell Phone:** _____

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Candidate's Initials: _____

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: _____

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: _____

May we contact this employer? Yes No (circle) Phone #: _____

Dates of Employment/Volunteer: From: ____/____/____ to ____/____/____

Supervisor's Name: _____

Job Title: _____

Job Duties: _____

Was this a paid position? Yes No Wage earned: \$ ____ p/ ____ Was this a **Crew Job**? Yes No

Reason for leaving: _____

Is a job coach present on job site? Yes No

What percentage of Intervention did you need? ____%

EMPLOYMENT/VOLUNTEER BACKGROUND Continuation:

Candidate's Initials: _____



Employer/Volunteer Site: _____

May we contact this employer? Yes No (circle) Phone #: _____

Dates of Employment/Volunteer: From: ____/____/____ to ____/____/____

Supervisor's Name: _____

Job Title: _____

Job Duties: _____

Was this a paid position? Yes No Wage earned: \$ ____ p/____ Was this a **Crew Job**? Yes No
Reason for leaving: _____

Is a job coach present on job site? Yes No

What percentage of Intervention did you need? ____%

Employer/Volunteer Site: _____

May we contact this employer? Yes No (circle) Phone #: _____

Dates of Employment/Volunteer: From: ____/____/____ to ____/____/____

Supervisor's Name: _____

Job Title: _____

Job Duties: _____

Was this a paid position? Yes No Wage earned: \$ ____ p/____ Was this a **Crew Job**? Yes No
Reason for leaving: _____

Is a job coach present on job site? Yes No

What percentage of Intervention did you need? ____%

Employer/Volunteer Site: _____

May we contact this employer? Yes No (circle) Phone #: _____

Dates of Employment/Volunteer: From: ____/____/____ to ____/____/____

Supervisor's Name: _____

Job Title: _____

Job Duties: _____

Was this a paid position? Yes No Wage earned: \$ ____ p/____ Was this a **Crew Job**? Yes No
Reason for leaving: _____

Is a job coach present on job site? Yes No

What percentage of Intervention did you need? ____%

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TRANSPORTATION:

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

How do you get to work or school events? _____

Can you use public transportation? Yes No

What mode(s) of transportation will you use to get to and from your internship program? _____

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 Services – Case Manager: _____

Extended Services – Case Manager: _____

Residential Services – Case Manager: _____

IEP – Case Manager: _____

Adult Education – Case Manager: _____

Other Agency: _____ Case Manager: _____

Other Agency: _____ Case Manager: _____

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SUPPORTS & ASSISTIVE TECHNOLOGY:

Please list any limitations that impact your employment? _____

What does your disability limit or prevent you from doing independently? _____

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

Please list what kinds of aids/supports or assistive technology that you use: _____

What accommodations do you need to be successful at work, volunteer sites or events? _____

Do you use sign language? Yes No

Do you require a sign language interpreter? Yes No

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?		

Your current primary language is (Check all that apply):

American Sign Language (ASL) ___ Language (Other than English): _____

Sign Language (other than ASL) ___ English ___

Your current Communication Mode is (Circle all that apply):

Receptive:	Expressive:
American Sign Language: Yes No	American Sign Language: Yes No
Auditory/Oral: Yes No	Oral/English Speaking: Yes No
Cued Language: Yes No	Cued Language: Yes No
Finger Spelling: Yes No	Finger Spelling: Yes No
Gestures: Yes No	Gestures: Yes No
Signed English: Yes No	Signed English: Yes No
Tactile: Yes No	Tactile: Yes No
Other (Please explain):	

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

If yes, please specify: _____

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COMPUTER SKILL SET:

Select the level of computer application knowledge that applies:

PROGRAM	I have not used these programs and not sure I could learn how	I can use these programs but only with help	I can access these programs and use the basic features without help	I can create high quality products using these programs
MS Word				
MS Excel				
MS Access				
MS PowerPoint				
MS Outlook Email				
MS Publisher				
Internet				
Intranet				
Other				

Have you taken formal keyboarding or computer classes? Yes No (Please list): _____

BUSINESS MACHINE OPERATION:

Select the level of machine operation knowledge that applies:

NAME	I have not used this and not sure I could learn how	I can use this but only with help	I can use this and its basic features without help	I can create high quality products using this tool
Cash Register				
Laptop/Desktop Computer				
Scanning Machine				
Paper Shredder				
Printer				
Heat Sealer				
Copier				
Commercial Dishwasher				
Laminator				
Postage Meter				
Fax Machine				
Telephone				
Cell Phone				
Calculator				
Bar Code Scanner				
Clock – can tell time?				
Other -- _____				

Additional Skills which may be helpful: _____

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Candidate's Initial': _____

JOB SPECIFIC SKILL SET:

Check the level of knowledge that applies:

Program	I have not done this and not sure I could learn how	I can do this but only with help	I can do this without help but I am not very fast and might make some mistakes	I can do this without help quickly and accurately
Alphabetical filing – first letter only Ex. Blueberry Cantaloupe				
Alphabetical filing – multiple letter Ex. Blue Blueberry				
Numerical filing – Single digit Ex. 6 7				
Numerical filing – Multi-digit Ex. 865 8656				
Counting money & making change (with/without a calculator)				
Maintaining a Salad Bar				
Stocking supplies				
Using knives, scissors, box cutters				
Using power tools				
Typing				
Writing				
Evaluating produce/florals				
Time management skills **				
Other: _____				

** Can the candidate come back to work on time from break/lunch and/or do they understand time lapses (such as estimating how much a task or lunch may take) in order to plan their day accordingly?

Additional Comments on Skills: _____

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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.

_____/_____/_____
Internship Candidate's Signature Date

_____/_____/_____
Recommending Professional's Signature Date

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

_____/_____/_____
Parent/Guardian's Signature (if applicable) Date

_____/_____/_____
Teacher/Counselor's Signature (if applicable) Date

_____/_____/_____
Case Manager's Signature (if applicable) Date

AUTHORIZATION FOR RELEASE OF INFORMATION

INSTRUCTIONS: Provide information as requested. Use Pen.

Name of Intern: (Last, First, Middle Initial)		Date of birth:	
Street Address:	City:	State:	Zip:

INTERN RELEASE AND SIGNATURE

1. I Hereby Authorize: (Name and Address of Person/Agency)	
2. To Release Information To and Receive Information From: CREATE Internships, Vocational Training Center, 424 – 9th Avenue South, Fargo ND 58103	
3. The Following Information Is Requested: (Be Specific) All referral information Monthly progress reports Medication records/medication history Medical reports Social history, adaptive behavior profiles Diagnostic, assessment and evaluation reports Financial and programmatic reports Psychiatric evaluations and progress notes Verbal exchange of information Other: _____	
4. The Information Identified Above Will Be Used For: CREATE Internships Program facilitation only	
5. This release of information consent remains in effect from:	
INTERN CONSENT: This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.	
Signature of Intern:	Date
Signature of Parent/Guardian or Custodian of Intern: (if applicable)	Date
Signature of Witness: (if needed)	Date