



INSPIRED BY ABILITY

Participant Application

2019-2020



What are the requirements to be participants?

- Must be 18-24
- Must have accepted their high school diploma
- Individuals residing in DuPage County
- Must have proof of disability
- 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)

Selection Process Guidelines:

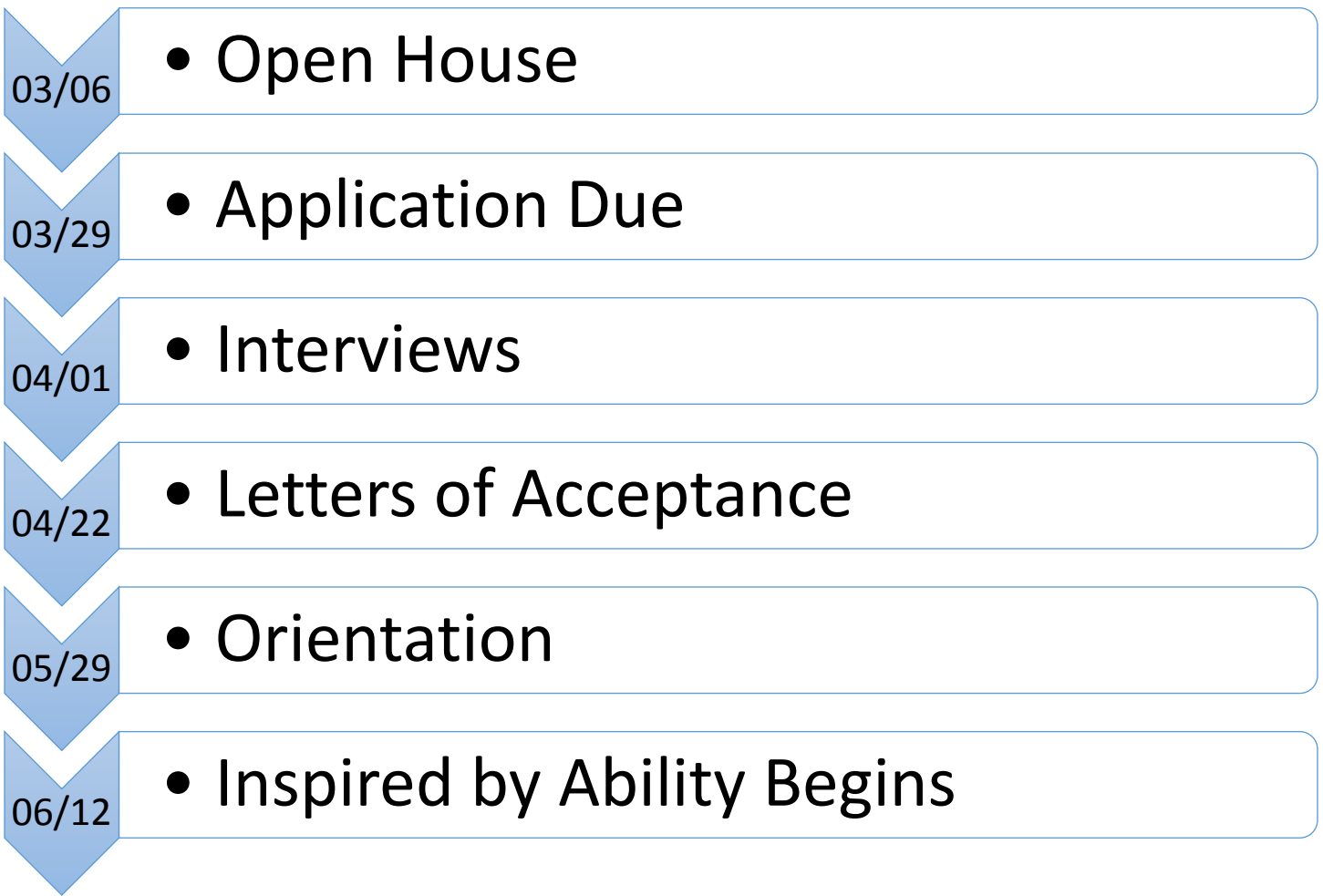
1. Candidates are encouraged to attend our Open House to learn more about the program and meet the staff
2. Submit the completed application packet by **March 29th, 2019**. Please include application packet, resume, proof of disability, and high school diploma.

**Kiersten Lira,
Youth Program Specialist
Parents Alliance Employment Project
2525 Cabot Drive, Suite 302
Lisle, IL 60532
630-955-2078
klira@parents-alliance.org**

Next Steps:

3. The Parents Alliance Employment Project team will review the applications
4. The candidates will be invited to participate in interviews with Parents Alliance Employment Project staff. The date will be released at a later time
5. If accepted, participants must pass a criminal background check and drug screen

Key Dates & Deadlines



Application Check List

- Completed Application Packet
- Resume
- Proof of Disability
- High School Diploma

Return completed Packet to:

Parents Alliance Employment Project (PAEP)

Kiersten Lira,
Youth Program Specialist
Parents Alliance Employment Project
2525 Cabot Drive, Suite 302
Lisle, IL 60532
630-955-2078
klira@parents-alliance.org

Applicant Information:

Name: _____
Last First Middle

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Gender: _____

Primary Disability: _____ Secondary Disability: _____

Social Security Number: _____ Guardianship: _____

Government Benefits (SSI/SSDI/Food Stamps/Etc.): _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Employment History:

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

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

Employer:	Job Title:	
Address:	City:	Zip Code:
Supervisor & Title:	Contact Number:	Dates of Employment:

Employer Email:	Hours Worked:	Wage:
Job Duties:	Reason for Leaving:	

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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 do you want to work? Please check both if applicable:

Full-time (40+hours/week): Part-time (Under 40 hours/week):

Are you willing to work holidays and /or weekends?

Yes No

Individuals can pass a pre-employment drug test?

Yes No

Individual can pass a criminal background check?

Yes No

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

Hours of availability - List beginning and ending hours for each day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							

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

I want to get a job and be independent Yes No

My family supports the goal of competitive employment in the community Yes No

I get to school, work, or other appointments on time and independently Yes No

After lunch or a break, I get back to class or work on time Yes No

I know how to tell and keep track of time Yes No

I am able to count money and make change accurately Yes No

I stay on task until it is finished Yes No

If interrupted, I can return to the task and finish it Yes No

I can access personal information to complete a paper application Yes No

I have had experience with completing online applications Yes No

I know how to answer common interview questions Yes No

I ask for help when I need it Yes No

Transportation:

How do you plan to get to Inspired by Ability?

- I have my own care, 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 (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:

Education:

High School Name	Address	Graduation Month/Year	Did you receive your diploma/GED?
College or University Name	Address	Graduation Month/Year	Degree/Certificate

Do you have any plans to continue your education?

Attendance at Work, Day programs, Leisure Activities, or Class:

- 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

Independent Living Skills & Self Care:

Medications taken by participant:

Medication	Dosage	Purpose	Side Effects

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

Please list any other challenges or limitations that impact your ability to keep a job:

Please explain challenges, limitations or accommodations needed:

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

Name 3 major strengths or talents that you possess.

Name 3 weaknesses that you would like to work on, or is there anything in your personal life that you want to improve on?

- | | | |
|--|------------------------------|-----------------------------|
| 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 know how to handle money/make change | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have my own bank account | 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 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 am able to stay awake for 6-8 hour day | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have reliable transportation to get to Inspired by Ability | 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 am on time for my appointments or work day | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Communication & Behavior:

- | | | | |
|--|---------------------------------|------------------------------------|--------------------------------|
| I respond when someone speaks to me | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I make eye contact when talking to others | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I use an appropriate tone of voice | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I am comfortable starting a conversation | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I engage in appropriate conversations | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I use appropriate body language | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I am aware of personal space | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I swear/use profanity inappropriately | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I lose my temper with others | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I display aggressive behaviors | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I use a cell phone at appropriate times | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I am easily understood by others | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I sometimes have trouble getting my message across to others | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I use adaptive equipment to communicate | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands hugging or kissing | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| I work cooperatively with others | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |

I talk about the same topics over and over again

Always Sometimes Never

I use an interpreter and /or sign language to communicate

Always Sometimes Never

I have acted aggressively in a school/work setting

Always Sometimes Never

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 (People who have Firsthand Knowledge of your work preference). *By providing the following references you allow PAEP staff to perform a reference check.*

	Name	Address	Phone number	Email	Relationship
1.					
2.					
3.					

Candidate/Parents/Guardian Information:

1. Acceptance into the Inspired by Ability Program is dependent upon PAEP team review.
2. Equal Opportunity: Inspired by Ability placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing, circumstances, is entitled to equal opportunity for educational development

Candidate Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____