

**Project SEARCH Out-of-School Youth Internship Application
Northwestern Medicine Delnor Hospital 2018-2019 Program**

APPLICANT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Applicant Email: _____

PARENT/GUARDIAN CONTACT INFORMATION (if applicable):

Name: _____

Email: _____

Relationship to Applicant: _____

Cell Number: _____ Other Number: _____

Address (if different then above): _____



EMPLOYMENT PREFERENCES and BACKGROUND:

How do you want to be employed in the community upon completion of Project SEARCH?

Full time Part time

Which shift would you prefer working after completing Project SEARCH?

1st Shift 2nd Shift 3rd Shift

Would you be willing to work holidays and/or weekends?

Yes No

Do you plan to work during the program year, in addition to being in the Project SEARCH program?

Yes No

If yes where? _____ How many days/ hours? _____

Are you considering post-secondary education options?

Yes No

If Yes please describe your plan, goal for future schooling and time frame: _____

Please list paid employment experience

Employer	Dates of Employment	Job Title	Job Duties	Supervisor Name/Number	Reason for Leaving

Please list volunteer and NON paid work experiences.

Agency	Dates of Service	Job Title	Job Duties	Supervisor Name/Number	Reason for Leaving

How many days did you miss work at your current or last job?

None 1-5 5-10 More than 10

SERVICE AGENCIES: List your

DRS Counselor, if applicable:

Name: _____ Phone Number: _____

INDEPENDENT LIVING:

Please list any limitations that may need accommodation or impact participation:

BEHAVIORAL SUMMARY:

Do you have any behaviors that need to be supported in order to have a successful job placement?

Yes No

Please Explain:

APPLICANT RESPONSE QUESTION:

Why do you want to come to Project SEARCH? (Applicant should write in their own words)

List Four References:

	Name	Type of Reference	Phone Number	Email Address
1.		Family Reference		
2.		School Reference		
3.		Other Community or Agency Reference		
4.		Employer or Volunteer Supervisor		

The person assisting the applicant to complete this application is (if applicable):

Name	Title	Phone Number	Date
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Organization	Phone Number	Email contact
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Signature

Applicant Information:

By clicking "agree" below you are giving authorization for Northwestern Medicine:

- To complete references noted within application.
- To provide release of information to Parents Alliance Employment Project and Project SEARCH Staff.

Applicant Name: _____

[Click here to agree](#)

Parent/Guardian Name, if applicable: _____

[Click here to agree](#)