



Application

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| Applicant Background Information | |
| Applicant Name: | |
| Address: | City/State: |
| County of Residence: | |
| Home Phone: | Cell Phone: |
| Email: | |
| Social Security #: xxx-xx-____ | DOB: |
| SS Status: SSI \$ | SSDI \$ |
| Driver's License #: | Have you been arrested: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------|------------------|
| Education Background | |
| High School: | Graduation Date: |
| College or other: | |
| Course of Study: | |
| Future Plans: | |
| | |

| Work Experience <i>(List any work experience in this section)</i> | | |
|--|------------------------|---------------------------|
| Employer | Job Description/Duties | Dates (MM/YY to MM/YY) |
| | | |
| | | |
| | | |
| | | |
| List any accommodations that you need on the job: | | |
| | | |

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| Transportation |
| Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will need assistance with transportation to your job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your home close to a bus stop? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you know how to use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Ideal Conditions for Employment | |
|--|--|
| Describe the type of job you would like to do: | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| List any special skills or qualities: | |
| <input type="checkbox"/> Microsoft certifications | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Coding <input type="checkbox"/> | <input type="checkbox"/> Writing |
| What types of situations upset you or cause you stress? | |
| <input type="checkbox"/> Meeting deadlines | <input type="checkbox"/> Receiving feedback |
| <input type="checkbox"/> Solving problems <input type="checkbox"/> Decision making | <input type="checkbox"/> Learning new tasks |
| How do you relax when you are upset? | |
| <input type="checkbox"/> Exercise (Run, walk, Yoga, weight lift) | <input type="checkbox"/> Read <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Sleep <input type="checkbox"/> Meditate <input type="checkbox"/> Talk with a friend | <input type="checkbox"/> Play video games /watch TV |
| Which of the following best describes you? | |
| <input type="checkbox"/> I am shy and like to work by my self | <input type="checkbox"/> I like to work as part of a team |
| <input type="checkbox"/> I need supervision to do my job well | <input type="checkbox"/> I can work independently with little supervision |
| <input type="checkbox"/> I am always on time | <input type="checkbox"/> I am usually late |
| <input type="checkbox"/> I am dependable | <input type="checkbox"/> I need reminders |
| <input type="checkbox"/> I am able to work part time | <input type="checkbox"/> I am able to work full time |
| <input type="checkbox"/> I can only work during the day | <input type="checkbox"/> I am a morning person |
| <input type="checkbox"/> I prefer to work evenings | <input type="checkbox"/> I am a night person |
| <input type="checkbox"/> I am available for shift work | <input type="checkbox"/> I can work weekends |
| | |
| Consents | |
| Initials | The undersigned, hereby releases United Community Options of Broward, Palm Beach and Mid Coast Counties its agents or workers or anyone acting on its behalf from any and all liability related to appropriate training, treatment, or any other service provided in good faith by the Association. |
| Initials | The undersigned, hereby agrees to being referred to Vocational Rehabilitation |
| Initials | The undersigned hereby acknowledges and agrees to the use of their photograph to be used in promotional materials for the program. |
| Initials | The undersigned hereby acknowledges and agrees to follow-up research by UCO and The Foundation during and after the grant. |

Name (Print): _____

Applicant Signature: _____

SPECTRUMTECH Autism Specialist: _____

Instructor: _____

Employment Specialists: _____

UCO Representative: _____

Intake meeting/application review date: _____

Applicant Accepted: _____

Applicant Denied: _____

If applicant is not deemed suitable for program, list alternative program(s), agencies or and services for referral:

Date Referrals reviewed/ provided to applicant: _____