

Supported Employment Specialists

Application

Name _____ Date of Entry _____

Client Personal Email Address _____
Complete home
Address _____

Phone Number _____ Social Security Number _____

Date of Birth _____ Current Age _____

Are you currently enrolled in school? YES NO If yes, where? _____

U.S. Citizen (circle one) YES NO Do you receive SSI/ SSDI? _____

Are you currently driving? Yes___ No___ Do you have a driver's license? Yes___ No___

Do you have a valid Georgia ID? Yes___ No___

Do you have a resume? Yes___ No___

Reliable transportation to work? Yes___ No___ If Yes, what source? _____

In case of an emergency who do we notify? _____

Relationship? _____ Emergency Phone Number: _____

Referring Information and Service History

Approved Funding program: _____

Waiver status, if applicable : _____

Referral SE/ VR Counselor _____ SC Agency: _____

Services Requested _____

Have you ever received GVRA services before? _____ Year: _____

If so, do you remember what service? _____

Education & Training History

High School Vocational Program? Regular or Special Education? Please describe:

Did you receive a Diploma___ Certificate ___ Year Graduated _____ or GED_____

Name and year of the last school you attended_____

List any College or Vocational Schools you may have attended_____

Did you have any special Licenses or Certification and what are they?_____

Which languages do you speak and/or write fluently?

Employment History/ Volunteer Information

Tell us about your past employment. List each job you have worked for up to the last 10 years. Start with your most recent job and work your way back.

1.

Employer_____ Phone Number_____

Address_____

City/State/Zip_____

Job Title_____ Salary/ Wages per hour _____

Supervisor Name_____ Dates of Employment_____

Part Time _____ Full Time_____

Describe your job_____

Why did you leave?_____

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2.

Employer _____ Phone Number _____

Address _____

City/State/Zip _____

Job Title _____ Rate of Pay _____

Supervisor Name _____ Dates of Employment _____

Part Time _____ Full Time _____

Describe your job _____

Why did you leave? _____

3.

Employer _____ Phone Number _____

Address _____

City/State/Zip _____

Job Title _____ Rate of Pay _____

Supervisor Name _____ Dates of Employment _____

Part Time _____ Full Time _____

Describe your job _____

Why did you leave? _____

ADDITIONAL INFORMATION ON WORK HISTORY CAN BE ADDED ON A SEPARATE PAPER.

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Are you already employed? _____

What kind of job are you looking for? _____

Or, do you need help figuring out what kind of job you want? _____

Minimum Hourly wage desired: _____

Do you have limitations on earnings? _____

Do you have a work schedule preference? _____

What days can you **NOT** work? _____

Are you willing to work with a Job Coach to improve your work situation? _____

Will you disclose to your employer that you are receiving support services for your job?

Personal References:

Name	Relation to you	Email Address	Phone Number

What transportation will you use to get to work? _____

How far are you willing to drive? (one way) _____

Child Care issues? _____

Have you had a consult with Benefits Navigator to learn how working will affect your Social Security benefits? ___Yes ___No

Medical Information

Reported physical restrictions or limitations: _____

Are there any precautions, allergies, or other conditions we should know about? _____

Current Medications: _____

Behavioral Health Considerations	Yes	No	N/A	Comments
<i>Medication Side Effects</i>				
<i>Work Related Restrictions</i>				

Sensory Modification Needs	Yes	No	N/A	Comments
<i>Vision</i>				
<i>Hearing</i>				
<i>Smell</i>				

Assistive Technology/ Accommodations

Do you currently use a cell phone for phone calling or texting? _____

Do you know how to use the internet to get information? _____

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Do you anticipate needing any physical, behavioral or communication accommodations?

Miscellaneous Information

Do you use illegal drugs?_____ Do you think you can pass a drug test?_____

Do you smoke/ vape?_____ If yes, how often?_____

Have you ever been arrested, have a criminal record or been in prison? _____

If yes, explain_____

Were you in the military?_____ Branch?_____ Type of Discharge_____

Organizations or group activities you belong to_____

Hobbies/ Interests_____

Additional information you think is important for SES to know:

Do you have any questions about Supported Employment or Community Access?

Do you need assistance with GVRA or Waiver services? _____

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Please use this additional space as needed:

Please do not write below this line

Staff reviewing application: _____ **title** _____

Completed form received: _____ **Interview date:** _____

Interview notes:

Follow up needed:

Contact made with referring professional :

Date _____ **Name** _____

Agency: _____ **email address:** _____