



DSAGSL Ready 2 Work Career Solutions Training Application



APPLICANT INFORMATION

Name _____ Date of Birth _____ Gender _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ County _____

E-mail _____ Soc Sec # _____ - _____ - _____ **OR** DMH # _____

MEDICAL / BEHAVIORAL CONSIDERATIONS

ACCOMODATIONS

What additional information can you share to help us make your participation in DSAGSL events enjoyable?

RACE

- Asian
- White
- Pacific Islander
- Other _____
- African American / Black
- American Indian / Alaskan Native

ETHNICITY

- Hispanic / Latinx
- Not Hispanic / Latinx

AVAILABILITY TO WORK

When are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION

Do you have reliable transportation for this training and future community-based employment?

Yes No If no, please explain _____

WORK EXPERIENCE - Employment or Volunteer

RESUME *Do you have a prepared resume?* No Yes

Are you currently employed? No Yes Location: _____

Length of Service (include dates) _____ Position & Duties _____

Are you currently volunteering? No Yes Location: _____

Length of Service (include dates) _____ Position & Duties _____

VACCINATION STATUS

Are you fully vaccinated (2 doses + booster)? Yes Vac. dates _____

➤ Please submit copy of your vaccination card Not vaccinated

PREVIOUS EMPLOYMENT / VOLUNTEER POSITIONS

Company / Volunteer Organization _____ **Location** _____

Length of Service (include dates) _____

Position _____ Duties _____

Position _____ Duties _____

Company / Volunteer Organization _____ **Location** _____

Length of Service (include dates) _____

Position _____ Duties _____

Position _____ Duties _____

CAREGIVER CONTACT INFORMATION

Name _____ E-mail _____ Check if same address

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Relationship _____

Name _____ E-mail _____ Check if same address

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Relationship _____

EMERGENCY CONTACT INFORMATION (If different than above)

Name _____ E-mail _____

Home Phone (____) _____ Cell Phone (____) _____ Relationship _____

Name _____ E-mail _____

Home Phone (____) _____ Cell Phone (____) _____ Relationship _____

WHAT IS YOUR DREAM JOB? _____

HOBBIES AND INTERESTS *What do you like to do when not working?*

SKILLS AND QUALIFICATIONS *What job skills do you have, please be specific? (Example: vacuum for 30 min, clean restrooms)*

SKILLS TRAINING *What skills would you like to learn in the Career Solutions training?*

GOALS *What are your goals for the Career Solutions training?*

TRAINING SUCCESS *How can we make this training successful for you?*

The mission of the DSAGSL's Ready 2 Work Career Solutions Training is to provide a supportive training environment where individuals with Down syndrome gain independence, confidence and self-esteem, and learn preparatory job skills for **community-based** employment. The key for success in this program relies on the trainee and their support team's commitment to full participation, open communication and completion of all the activities and lessons, to the best of their ability.

Each week, you will be trained on key topics, and given self-study activities to continue working on throughout the week. This will require assistance, observation and encouragement from the support team. A copy of the Course Outline will be provided with acceptance in the program. Upon successful completion, you will receive a Certificate of Achievement, and be accepted into the *Pop Up Marketplace* program to further your job and customer service skill development.

I have completed the above application and ensure it is accurate and complete. I acknowledge the expectations of the Career Solutions training and commit to doing my very best for the entire program, so I can be successful.

Applicant Signature

Date

I have reviewed the above application and ensure it is accurate and complete. I acknowledge the expectations of the Career Solutions training, and commit to providing an active, supportive role with the self-study activities, role-plays, and practice presentations throughout the training.

Support Team Signature

Date

Submit your application by mail to:

DSAGSL
Attn: Don Williams
1300 Strassner Drive
Brentwood, MO 63144

Submit your application by fax to:

314-989-1579
Attn: Don Williams

Submit your application by email to:

don@dsagsl.org