

## Employment Application--Full Circle

Date: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is applicant a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No If no, where is citizenship? \_\_\_\_\_

*Please answer the following questions:*

Regarding current independent work skills, will the applicant require a one-on-one aide or will the applicant attend work with an adult helper? Yes or No If yes, please describe level of supervision needed \_\_\_\_\_

In hours, what is the estimated desirable length of work day for this applicant? \_\_\_\_\_

How many days per week is the desired beginning work schedule for the applicant? \_\_\_\_\_

Are there days that work best in the applicant's current schedule? If so, which days of the week? \_\_\_\_\_

What is the desired time of day for work for this applicant? Morning and/or Afternoon

## Family Information

Who is the applicant currently living with? \_\_\_\_\_

Mother's Name:	Father's Name:
Address:	Address:
Best contact number:	Best contact number:
Email Address:	Email Address:
Employer's Name:	Employer's Name:

In case of emergency and unable to reach parents, please notify:

Name: \_\_\_\_\_

Best contact number: \_\_\_\_\_

## Funding and Benefits Information-

Does the applicant receive federal or state disability benefits including any of the following-SSI, SSDI, Medicaid Waiver Funding, Medicaid? Yes No

## Guardianship

Does the Applicant have a Legal Guardian? \_\_\_ Yes \_\_\_ No

If yes, who is the Applicant's Legal Guardian? \_\_\_\_\_

## Educational History

School(s) Attended & Address	Dates From-To	Type of Diploma/Degree

# Vocational History

Has the applicant had recent work experiences?: \_\_\_\_\_ If so, please list

#1. Employer Name: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

From

To

Type of Employment:

- Paid Competitive
- Non-paid Internship
- Non-paid school/work experience
- Paid School experience
- Other: \_\_\_\_\_

If paid, what was the hourly rate of pay? \_\_\_\_\_ Number of hours worked per week? \_\_\_\_\_

Job Coach supports: \_\_\_\_ Yes \_\_\_\_ No

#2. Employer Name: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

From

To

Type of Employment:

- Paid Competitive
- Non-paid Internship
- Non-paid school/work experience
- Paid School experience
- Other: \_\_\_\_\_

If paid, what was the hourly rate of pay? \_\_\_\_\_ Number of hours worked per week? \_\_\_\_\_

Job Coach supports: \_\_\_\_ Yes \_\_\_\_ No

Questions:	Yes	No	If yes, please describe below:
Does the applicant have a driver's license?			From what state?
Does the applicant have a vehicle to drive?			Use public transportation?
Does the applicant have an Alabama ID (non-driver)?			

## Medical History

Name of Primary Care Physician: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

### Applicant's Developmental History:

Please describe any significant medical issues or concerns relative to working in the Friendship Shop?

\_\_\_\_\_

Does the applicant take any prescription medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list medications: \_\_\_\_\_

Does the applicant have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe necessary precautions: \_\_\_\_\_

Does the applicant have a seizure disorder? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are the seizures controlled by medication? \_\_\_\_\_

## Behavioral History

Has the applicant:

	YES	NO
Been suspended from school?		
Been arrested?		
Had any legal problems or current litigation?		
Abused alcohol?		
Abused drugs?		
Been physically, sexually, or emotionally abused?		
Presented a danger to self or others?		
Been hospitalized for problems related to emotions, behavior, drugs, or alcohol?		
Acted out when angry?		
Committed theft?		
Had any traffic/driving violations?		

If you have checked "YES" for any item above, please provide us with some information about the behavior.

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## Social Information

Please identify any concern and/or safety risks that you wish to share:

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What are your immediate goals for working at the Friendship Shop?

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I am aware that the Friendship Store operates as a business that can provide supported employment opportunities to young adults with special needs, but typical of a storefront environment does not have specialty staff trained to manage serious behavioral or medical problems. By signing below, the applicant and parent/guardian both agree that \_\_\_\_\_ (name of employee), has the skills to keep himself/herself safe in an emotionally supportive place of business. I also agree not to hold the Friendship circle or any volunteers legally responsible for any inherent risks taken in working in a clothing store environment (including tools, hot surfaces, social interactions, etc.).

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date