

## Project HIRED Client Services Application Packet

### Project HIRED Programs:

**Client Services Program:** Project HIRED assists individuals with disabilities to find and maintain meaningful employment. The program provides an array of employment services designed to promote self-sufficiency and independence, remove barriers, create opportunities and help job seekers create successful careers. If you are just entering the job force for the first time, transitioning to a new career or just exploring current trends and options Project HIRED can help you. All of our services are free to qualified candidates. Please fill out the attached form to get started.

**Please note that all forms must be completed and returned as a single packet for an applicant to be considered for this program.** Additional Packets are available for download at: [www.projecthired.org](http://www.projecthired.org).

**AbilityOne Program:** The AbilityOne Program, established by the Javits-Wagner-O'Day Act, provides employment opportunities for Americans with significant disabilities. Through AbilityOne, Project HIRED employs Call Center Telephone Operators at Veterans Affairs Medical Centers within California. Positions are available in Palo Alto, San Francisco, and Fresno. This is a unique opportunity for individuals with significant disabilities to enter into and return to the workforce.

*If you meet the requirements of having a significant disability and wish to apply to the project hired **AbilityOne** Program please see the **AbilityOne** Program information page on our website: [www.projecthired.org/abilityone](http://www.projecthired.org/abilityone).*

*Congratulations on contacting Project HIRED and taking  
the next step in achieving your career and life goals!  
We welcome you and will work with you each step of the way.*

## Client Services Application Process

Interested applicants must complete all of the steps below to be considered for Project HIRED Client Services Program.

### Eligibility Criteria to qualify for services:

- Be 18 years or older
- Have permanent disability verified by a licensed clinician.
- Be willing and able to conduct an independent job search and interview for competitive employment opportunities
- Attend an Orientation to Project HIRED (held weekly, registration not required)
- Be willing and able to attend Project HIRED's eight mandatory employment workshops and related activities
- Work with a Project HIRED personal career coach and job matching expert
- Be open to new possibilities and growth

**Note:** Final eligibility is subject to review and approval by Project HIRED staff

### Intake Process:

- All Applicants must attend an Orientation to Project HIRED
  - Orientation is held on Tuesdays at 1:30 pm at our San Jose office located at 1401 Parkmoor Ave, Suite 125, San Jose, CA 95126
  - Visit [www.projecthired.org](http://www.projecthired.org) or call 408-557-0880 to confirm availability and register on-line
  - Advance registration is requested but not required
  - Applicants requiring accommodations should contact us at least (3) business days in advance
  - Please contact us if you will be attending with a caregiver
- Applicants are required to complete all documents in the Orientation to Project HIRED application packet and turn in all forms before completing the intake process
- **Required forms checklist:**
  - Project HIRED Client Services Application Form
  - Project HIRED Orientation & Intake Services Checklist
  - Project HIRED Authorization for Release of Information Form
  - Project HIRED Verification of Disability for Job Services Form
  - Project HIRED Services Agreement
  - Project HIRED Career Center & Electronics Agreement
  - Applicants are encouraged to provide a current resume

### Approval Process:

- The assigned Project HIRED Career Coach will review all applicant paperwork
- If the applicant meets the employment readiness and program qualification criteria then the applicant will be approved as a Project HIRED Client
- Applicants will receive either an approval or denial letter from Project HIRED within 10 days



1401 Parkmoor Avenue  
Suite 125  
San Jose, CA 95126  
1-408-557-0880  
www.projecthired.org  
info@projecthired.org

## Application for Services

### Personal

Title: Mr. Mrs. Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_- Cell Home CRS Second Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_- Cell Home CRS

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Gender: Male Female Decline Other: \_\_\_\_\_

Marital Status: Married Single Divorced/Widowed Decline Other: \_\_\_\_\_

Ethnicity: Hispanic or Latino Race:  American Indian or Alaska Native Asian Hawaiian/Pacific Islander Black or African American Hawaiian/Pacific Islander White Two or More races Decline

Veteran: Yes No Criminal Convictions in last 7 years? Yes No

Primary Transportation:  Vehicle  Public Transit  Paratransit

How did you learn about Project HIRED? Family/Friends Newspaper One-Stop EDD Job Fair

Dept. of Rehab Walk-In Website Project HIRED Event Project HIRED Presentation Staff Member

Prior Project HIRED participation year: \_\_\_\_\_ Other: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_-

Contact Instructions(optional): \_\_\_\_\_

### Education and Language

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Student Status: Currently Attending School

Education: G.E.D High School Diploma Some High School

Degree: Associates Bachelors Masters Doctorate Some College Other Major: \_\_\_\_\_

Certifications: \_\_\_\_\_

### Disability Information

DOR Client Yes No If yes, Counselor Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_-

Primary Disability Description: \_\_\_\_\_

Secondary Disability Description: \_\_\_\_\_

Accommodation(s) Needed: \_\_\_\_\_

Work Restrictions: \_\_\_\_\_



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### Application for Services (Continued)

#### Desired Employment

Job Category: \_\_\_\_\_ Job Title: \_\_\_\_\_

Desired Pay: \$ \_\_\_\_\_ per Hour Week Month Year      Desired hours per week: \_\_\_\_\_

Second Job Category: \_\_\_\_\_ Job Title: \_\_\_\_\_

Desired Pay: \$ \_\_\_\_\_ per Hour Week Month Year      Desired hours per week: \_\_\_\_\_

Desired Shift (All that apply): Permanent Temporary Monday-Friday Weekends Days Swing Grave Any Shift

Desired Location (All that apply): South Bay Peninsula North Bay East Bay Any Location Other: \_\_\_\_\_

#### Employment History

Date your last job ended(MM/YY): \_\_\_/\_\_\_/\_\_\_ or  Never Employed (skip this section)

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ or  Current

Pay Rate: \$ \_\_\_\_\_ per Hour Week Month Year

Reason For Leaving: \_\_\_\_\_

#### Employment Reference

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you known this person? : \_\_\_\_\_

*I hereby verify that all information on this form is true and correct to the best of my knowledge.*

Applicant Name:(please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant: Please initial each item that you authorize release of information to Project HIRED of relevant information regarding your employment history and job search.

This form, and the information obtained from these sources, is *STRICTLY CONFIDENTIAL*.

I hereby request and authorize the release to Project HIRED the following types of information pertaining to me:

Requested Information

Applicant's Initials:

School	_____
Employment History	_____
Psychological Testing/Reports	_____
Psychiatric Evaluations	_____
Hospital & Medical Records Reports	_____
Department of Rehabilitation Records	_____
Other: (Please Specify) _____	_____

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Applicant's Full Name (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**This release is valid for one year. Please resubmit to Project HIRED after one year.**

**Please return completed form to Project HIRED.  
The information contained herein is considered strictly private and confidential.**



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info@projecthired.org

**Project Hired Verification of Disability for Job Placement Services**

Dear Physician or Clinician:

Project Hired is a 501(c)(3) non-profit organization with a mission to assist individuals with disabilities to gain and sustain employment. Founded in 1978, Project Hired was created with the commitment to empower individuals with disabilities to become independent job seekers and to focus on ability. Project Hired assists individuals through an array of employment services designed to promote self-sufficiency and independence, remove barriers, create opportunities and help job seekers build successful careers.

Your patient listed below is applying to become a Project Hired client. We would appreciate your assistance in providing relevant information about your patient’s disability as it relates to employment. **Project Hired is required to have a written verification of disability signed by a licensed clinician on file before we can offer services to an individual.**

If you have concerns regarding the release of this information, or prefer to release this information directly to a Project Hired staff member, please note that on the attached form and a program staff member will contact you to obtain the necessary information.

You may also contact us directly at:  
**1-408-557-0880 or [frontdesk@projecthired.org](mailto:frontdesk@projecthired.org)**

Thank you for your time.

Sincerely,

Project Hired

**JOB SEEKER: PLEASE SIGN HERE BEFORE FORWARDING  
TO YOUR CLINICIAN**

I, \_\_\_\_\_ give my permission to release  
medical and/or disability related information to Project Hired for the purposes  
of defining me as disabled to qualify for employment services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Evaluation**

Patient Name: \_\_\_\_\_ Patient Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

It is our goal to assist your patient by providing him/her with employment, education, training, and opportunities for personal growth as an interim step in the rehabilitation process. He/she states that they have a documented disability that has prevented him/her from finding employment opportunities. Please complete this Form with as much detail as possible.

**Please note that this form must be signed by a licensed medical doctor (M.D.) or clinician**

**Work Related Limitations**

Date of examination on which the medical information is based: \_\_\_\_\_

Date of next Evaluation to determine patient's continued work ability: \_\_\_\_\_

In terms of working for paid competitive employment, check what describes the patient's current health situation at this time:

- Patient is able to work with limitations and/or modifications at least 10 hours per week.
- The patient has at least one permanent significant disability.
- Patient is unable to work. (No need to continue completing form.)

Please indicate all of the patient's medical diagnoses that require work modifications and/or limitations:

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

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

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

Additional accommodation information you may deem appropriate that relates to this patient's disability:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By Signing this Form I am certifying that the patient is able to work with limitations at least 10 hours per week.**

\_\_\_\_\_  
Signature of M.D. or Clinician

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Printed Name

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Project HIRED Verification of Disability for Job Placement Services**

The Following section is not required but is helpful for Project HIRED to better serve the applicant.

Please check all areas for which the patient requires accommodations:

**Mobility**

- Lifting Objects greater than \_\_\_lbs
- Sitting for more than 1 hour at a time
- Standing for more than one hour at a time
- Walking distanced greater than 50 feet
- Climbing 4 to 6 steps
- Environmental:
  - Extreme Cold
  - Extreme Heat
  - Fumes, odors, dusts
  - Loud noises
- Commuting:
  - Must travel with assistance/attendant

*Driving an automobile*

- Visual:
  - Spatial/perceptual relationships
  - Severe limitation of depth perception
  - Severe limitation in near acuity
  - Severe limitation in field of vision
- Other: \_\_\_\_\_

**Communications**

- Inability to acknowledge that information is understood
- Poor verbal Communication skills
- Difficulty asking for help
- Difficulty expressing when hurt, sick, or in pain
- Inability to follow simple written instructions
- Inability to follow simple verbal instructions
- Difficulty interacting with fellow employees
- Other: \_\_\_\_\_

**Self Care**

*Eating/feeding*

- Assistance with medical issues / administering medication
- Prone to self- injurious behaviors
- Inability to manage bodily functions
- Needs assistance / reminders/ prompting with personal hygiene and dressing appropriately
- Other: \_\_\_\_\_

**Self-Directions**

- Inability to make simple decisions
- Inability to cope with or solve problems
- Inability to remember sequence of tasks
- Easily influenced, taken advantage of
- Inability to understand boundaries
- Inability to self-motivate
- Inability to get work in on time
- Lack of organizational Skills
- Poor Judgement
- Inability to understand consequences
- Lack of initiative to move from one task to another
- Easily confused
- Inability to work without supervision
- Need for extensive prompting
- Other: \_\_\_\_\_

**Work Skills**

- Extensive job coaching needed to master the job
- Need extensive re-training
- Requires pictorial aids / references
- Inability to do multistep tasks
- Inability to perform tasks in correct sequence
- Other: \_\_\_\_\_

**Work Tolerance**

- Inability to physically or emotionally withstand a work week
- Excessive absenteeism / Poor attendance
- Frequent need for time off for therapy / appointments, hospitalizations
- Inability to tolerate distractions
- Frequent or long breaks needed
- Easily distracted
- Easily overwhelmed
- Inconsistent work performance
- Difficulty accepting constructive criticism
- Inability to focus
- Issues with stamina, fatigue
- Other: \_\_\_\_\_



**Services Agreement**

**You are an important member of the team supporting your employment goals.**

**As a Project HIRED client you are expected to:**

1. Complete an Orientation to Project HIRED
2. Meet with your assigned Career Coach to define your ongoing work search and schedule progress reports. Create action plans for follow up with your Career Coach or other applicable staff members for training or other activities that are applicable
3. Update Project HIRED at least once a month on the progress of your job search
4. Take responsibility for the success of your job search and continue to look for work independently. Your assigned support staff members need to be able to contact you when job opportunities become available so it is mandatory that you **respond to email messages and/or phone calls as quickly as possible** to be considered for open positions
5. Understand the one-on-one time with your Career Coach is limited; your discussions must be job search related. **If you need assistance with other personal challenges or needs, your Career Coach can only provide you with referral information**
6. **Contact us immediately if you become employed and provide us with your complete employment information.**  
*Funding for continued Project HIRED services depends on your success and you are helping to pave the way for others representing the disability community by sharing you success with us and our donors.*

**Please be responsible and help us maintain an effective level of services for all of our clients.**

- Contact the Project HIRED office as 1-408-557-0880 if you are unable to attend a scheduled workshop, training sessions or other event
- Contact your assigned Career Coach if you are having difficulty accessing any Project HIRED services or having difficulty in your job search training activities
- Make sure that potential employers can contact you. You should have a voice mail box with a professional message, valid and professionally named email address. Check messages frequently and reply promptly
- Project HIRED attire is Business Casual. Inappropriate attire such as shorts and sweats are not allowed.
- The Career Center is to be used exclusively for job search activities. You must adhere to all posted Career rules in order to retain Career Center privileges
- You agree to maintain the confidentiality of all Project HIRED applicants and adhere to all privacy and safety regulation guidelines. Violation of any part of this agreement may result in loss of part or all Project HIRED services
- Please check-in at the reception desk and sign-in and sign-out on the log sheet

*I agree to comply with this Project HIRED Services Agreement*

Applicant Name:(please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Career Center and Electronics Agreement

*The Career Center is provided exclusively to assist approved clients with their job search that have no other viable access to a computer with internet access. A phone and fax machine is also provided. Use of the equipment, including the copy machine, fax or phone for personal activity is NOT PERMITTED. Failure to comply with the terms of this agreement will result in an initial warning, and subsequent violations will result in the loss of access to these services.*

#### When using the facility the following rules apply:

1. No food or drinks at the workstations. This includes wrapped candy, snacks and bottled water. If you need to keep refreshments handy they must be left at the tables in the waiting area
2. No cell phones. Turn cell phones off or set them to vibrate. Use is limited to lobby or outside
3. Absolutely no personal activity allowed. Computer, phone and fax use is restricted to job search activity only. Personal activity includes paying bills, online banking, personal email/chat, online dating, shopping and personal finance or home record keeping and copying. You may not use the facility to perform work for an employer or in support of a home business or self-employment
4. Browsing entertainment, adult oriented websites or other inappropriate material is prohibited
5. Printing and copying is restricted to 15 pages per visit
6. You may not download or install software without prior arrangement. Ask someone at the front desk for assistance
7. Do not change computer operating settings, features or disable any security programs
8. Do not attempt to troubleshoot computers or equipment. Notify a staff member immediately if you are having any difficulty or if a printer needs paper, is jammed, etc.
9. **DO NOT log out, restart or shut down the computers.** Log out of your personal email and any secure websites if applicable and end your session when you are through
10. For your protection and privacy, do not share documents or files on the computer. Please email anything you want to save to yourself or save it to a flash drive
11. Your computer activity may be monitored at any time without notice

#### General Office Rules

1. Sign the visitor log when you arrive. If you have an appointment with a staff member please ask the receptionist to contact the person you are here to see and take a seat in the waiting area
2. Do not enter offices or staff only areas unescorted or without permission. Do NOT approach a staff office without permission. Doing so can violate the confidentiality and privacy of others.
3. When visiting out offices you should be dressed in business casual attire. Shorts, sweats and t-shirts are not appropriate attire
4. Children or other visitors are not permitted to use the Career Center and should not be left unsupervised under any circumstances. Children or relatives may not attend meetings with you unless they are a legally documented caretaker

*I agree to comply with these guidelines in order to ensure the privacy, safety and comfort of all Project HIRED applicants and clients. I understand that violating any of these guidelines may result in the loss of privileges.*

Applicant Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_