



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

Project HIRED Client Services Application Packet

Project HIRED (PH) is a 501(c)(3) nonprofit organization established in 1978 with a mission “To assist individuals with disabilities to gain and to sustain employment.” For over 35 years Project HIRED has been a leading job search support agency in the San Francisco Bay Area, assisting thousands of individuals with disabilities find and maintain meaningful employment through an array of employment services designed to promote self-sufficiency and independence, remove barriers, create opportunities, and help job seekers build successful careers.

*Project HIRED Client Services Program is separate from the Project HIRED AbilityOne Program. If you meet the requirements of being significantly disabled and wish to apply to the Project HIRED AbilityOne Program, please see the **AbilityOne** Program information page on our website: www.projecthired.org/abilityone*

This document contains the steps to apply for Project HIRED Client Services. **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

Client Services Application Process

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

1. In order to apply for services and programs an Applicant must first become a Client of Project HIRED.

2. Eligibility Criteria

To qualify for services you must:

- Be 18 years or older
- Have a permanent disability verified by a licensed Medical Doctor (M.D.)
- Complete Project HIRED Client Service Application Package
- Be willing and able to conduct independent job search and interviewing for competitive employment (*Project HIRED does not work with Job Coaches or Trainers*).
- Attend a New Applicant Orientation
- Be willing and able to attend mandatory client workshops and activities

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

3. Intake Process

Applicants are required to complete all documents in the Project HIRED Application Package and turn in all completed forms (as a complete package) at a New Applicant Orientation session. Additional packets can be downloaded from our website (www.projecthired.org/jobseekers/apply) or picked up at our San Jose office located at: 1401 Parkmoor Avenue, Suite 125, San Jose, CA 95126.

4. The Applicant must complete the Project HIRED Client Services Applicant Package including:

- Project HIRED Client Services Application Form
- Project HIRED Authorization for Release of Information Form
- Project HIRED Verification of Disability for Job Services Form
- Project HIRED Services Agreement
- Project HIRED Resource Center Agreement Form

Applicants are also encouraged to provide a current resume

5. Project HIRED New Applicant Orientation

All applicants must attend a Project HIRED New Applicant Orientation

Applicants **must** bring their completed Project HIRED Client Services Application packet.

Note: Individuals with incomplete packets will not be allowed to attend orientation.



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

Orientations are held weekly at **1401 Parkmoor Ave., Ste. 125, San Jose, CA 95126**. Please check the calendar at www.projecthired.org/calendar for exact dates and times or pick up a flyer from Project Hired Office.

Advance registration is not required to attend.

Applicants requiring any accommodations should contact us at least three (3) business days in advance to make arrangements.

6. The assigned Project Hired Employment Specialist will review all applicant paperwork.
7. If the applicant meets the employment readiness and program qualification criteria then the applicant will be approved as a Project Hired Client.
8. Applicants will receive either an approval or denial letter from Project Hired.

Client Services Applicant Checklist

Project Hired Client Services Application Form

Project Hired Authorization for Release of Information Form

Project Hired Verification of Disability Form

Project Hired Services Agreement Form

Project Hired Resource Center Agreement Form

Current Resume (*if available*)



APPLICATION for SERVICES
(All questions are required)

Personal

[Mr][Mrs][Ms] Last Name: M.I First Name:
SSN:(last 4 digits ONLY) Date of Birth:
Ethnicity: [] Hispanic [] Native American [] Alaskan [] Asian [] African American [] Hawaiian [] Pacific Islander [] Caucasian [] M. Eastern [] Other/Declined
Gender: [] Male [] Female Marital Status: [] Married [] Single [] Divorced/Widowed [] Declined [] Other [# dependants ____]
Address: Suite/Apt:
City: State: Zip Code:
Phone: (____) ____ - ____ Home [] Cell [] TTY [] Email: Personal [] Business []
Veteran (Check all that apply)[] No [] Yes [] VietNam [] Special Disabled(30%+) [] OEF [] OIF Criminal convictions in last 7 years? Yes [] No []
*NOTE: If you are a Veteran you must provide a DD Form 214
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 [] Returning Client [] Other: _____

Emergency Contact

Name: Relationship:
Address: Suite/Apt:
City: State: Zip Code:
Phone: (____) ____ - ____ Email:
Contact Instructions, if any: _____

Education and Language

Attending school: [] Education completed: [] GED [] HS [] Associate [] Bachelor [] Masters [] Doctorate [] Other _____
Primary language: Second language: Certifications: _____

Transportation Public Transportation: [] Car: []

Disability Information

DOR Client: [] Yes [] No If yes, Counselor name: Phone: (____) ____ - ____
Primary disability description: Secondary description:
Accommodation(s) Needed:
Work restrictions: _____

Supplemental Income Sources

Currently employed [] Yes [] No Current income or benefit amount \$ _____ per [] Week [] Month [] Year
Benefit sources (check all that apply) [] SSI/SSDI [] Unemployment insurance [] Workers Comp [] State disability [] General assistance

APPLICATION for SERVICES

(continued)

Desired Employment

Job category: _____ Job title: _____

Desired pay \$ _____ per Hour Week Month Year Desired hours per week: _____

2nd Job category: _____ Job title: _____

Desired pay \$ _____ per Hour Week Month Year Desired hours per week: _____

Perm Temp MF Weekends Days Swing Grave Any shift

South Bay Peninsula North Bay East Bay Other (outside the Bay Area) _____

Employment History

Date your last job ended (mm/yy): ____/____ or Never Employed (you may skip this section)

Start with your most recent job:

Job Title: _____ Company _____

City: _____ State: _____ Start Date: ____/____/____ End Date: ____/____/____ or still employed

Pay rate \$ _____ per Hour Week Month Year Reason for leaving: _____

Job Title: _____ Company _____

City: _____ State: _____ Start Date: ____/____/____ End Date: ____/____/____ or still employed

Pay rate \$ _____ per Hour Week Month Year Reason for leaving: _____

Project HIRED Services

How can Project HIRED help you in finding employment? Check all that apply.

- Resume Interview Skills
- Career Exploration Job Support Group
- Basic Computer Skills (MS office, typing, internet)

How much time do you want to spend on career search each week?

Indicate number of hours a week.

When do you expect to find employment?

- 1 month 3 months 6 months

Applicant Signature

Date Completed

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant: Please initial next to each area in which you would have education, vocational, work-search or disability-related areas. 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 <i>Please Specify:</i> _____	_____

Last Four Digits of Social Security Number: _____ Date of Birth: ____ / ____ / ____

Applicant's Full Name (Please Print): _____

Signature: _____ Date: ____ / ____ / ____

This release is valid for one year.

The individual listed above has applied to Project HIRED for job placement services and has signed this authorization for release of information. Project HIRED is a **free employment service** that assists people with disabilities in finding employment. There is no fee to the employer or applicants. **We do not have the funds to pay doctor fees to obtain client health records.** Please contact this office if you are unable to send records or if you have any questions regarding Project HIRED.

Thank you,
Project HIRED Staff

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



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

Dear Physician:

Project Hired is a 501(c)(3) non-profit organization with a mission to assist individuals with disabilities to gain and to 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 medical doctor 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 info@projecthired.org

Thank you for your time.

Sincerely,

Project Hired

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

I, _____ give my permission to release
(print name)

medical and/or disability related information to Project Hired for the purposes of defining me as disabled to qualify for employment services.

Signature: _____

Date: _____



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

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.)

WORK-RELATED LIMITATIONS

Date of examination on which this 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:

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

- 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.)

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.

License Number

Printed Name

Phone

Address

Date



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

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 1 hour at a time
- Walking distances 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 distance 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
- Inability to ask or answer questions
- 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 to work on time
- Lack of organizational skills
- Poor judgment
- 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 for extensive re-training
- Requires pictorial aids / references
- Inability to do multi-step tasks
- Inability to carry out previously learned 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
- Substandard work productivity
- Inability to tolerate distractions
- Frequent or long breaks needed
- Easily distracted
- Easily overwhelmed
- Inconsistent work performance
- Difficulty accepting constructive criticism
- Inability to deal with changes
- Inability to focus
- Issues with stamina, fatigue
- Other: _____



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

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 a new applicant orientation session.
- 2) Meet with your assigned Employment Specialist to define your ongoing work search needs and schedule progress reports. Create action plans for follow up with your Employment Specialist or other applicable staff members for training or other activities that are applicable.
- 3) Update Project Hired at least once per month on the progress of your job search.
- 4) Create your password for the Project Hired job board and use it accordingly.
- 5) 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.
- 6) Understand that one-on-one time with your Employment Specialist is limited; your discussions must be job search related. **If you need assistance with other personal challenges or needs, your Employment Specialist can only provide you with referral information.**
- 7) **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 your 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 1-408-557-0880 if you are unable to attend a scheduled workshop, training session or other event.
- Contact your assigned Employment Specialist if you are having difficulty accessing any Project Hired services or having any difficulty in your job search or 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 and check messages frequently.
- The dress code for Project Hired is Business Casual. Inappropriate attire such as shorts, sweats are not allowed.
- The Resource Center is to be used exclusively for job search activities. You must adhere to all posted Resource Center rules in order to retain Resource Center privileges.
- You also agree to maintain the confidentiality of all Project Hired applicants and adhere to all privacy and safety relates guidelines. Violation of any part of this agreement may result in the loss of part or all Project Hired services.

I agree to comply with this Project Hired Services Agreement:

Applicant (Print Name) _____

Signature _____ Date _____

The Resource 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 results 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.



1401 Parkmoor Ave., Ste. 125
San Jose, CA 95126
Phone: 1-408-557-0880
Fax: 1-408-343-7054
Web: www.projecthired.org

2. No cell phones. Turn cell phones off or set them to vibrate. Use is limited to the 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 any software without prior arrangement
7. Do not change any computer operating settings, features or disable/defeat any security programs.
8. Do not attempt to troubleshoot computers or equipment. Notify a staff member immediately if you are having any difficulty or 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 save 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 or use the lobby phone to let them know you are here and take a seat in the waiting area.
2. Do not enter offices or staff-only areas unescorted or without permission. If you need to speak to someone but do not have an appointment use the lobby phone to ask if they are available. Do NOT approach a staff office without permission. Doing so can violate the confidentiality and privacy of others.
3. When visiting our 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 Resource Center or 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 legibly): _____

Signature: _____ Date: _____

Client Services Applicant Checklist

- Project HIREd Client Services Application Form
- Project HIREd Authorization for Release of Information Form
- Project HIREd Verification of Disability Form
- Project HIREd Services Agreement Form
- Project HIREd Resource Center Agreement Form
- Current Resume (*if available*)