

# OUCARES Pre-Employment Skills Training

## APPLICANT INFORMATION

Name:

Date of birth:

Age:

☐ Male

☐ Female

Home address:

City:

State:

ZIP Code:

Daytime Phone:

Evening Phone:

Email:

Current Diagnosis:

Have you participated in previous OUCARES Programs?  
If yes, please list programs and years.

## EDUCATIONAL HISTORY

Name of High School:

City:

State:

High School Dates of Attendance:

Start date:

End date:

Highest Grade Completed:

Diploma Received?

☐ Yes

☐ No

Did you attend a Transitions Program in High School?

☐ Yes

☐ No

Are you a home schooled student:

☐ Yes

☐ No

GED date if applicable:

Date

If you have attended colleges/universities or trade schools please list below:

| Name of Institution | City/State | Dates of Attendance | Degree(s) Received |
|---------------------|------------|---------------------|--------------------|
|                     |            |                     |                    |
|                     |            |                     |                    |

## EMPLOYMENT HISTORY

Current employer:

Employer address:

Position:

Dates of Employment:

Previous employer:

Address:

Position:

Dates of Employment:

# OUCARES Pre-Employment Skills Training

## PARENT/GUARDIAN INFORMATION CONTINUED

Name of parent/guardian:

Address:

Phone:

City:

State:

ZIP Code:

Email:

Relationship:

## APPLICANT QUESTIONS

Why are you interested in attending the Pre-Employment Skills Training?

Have you ever participated in a program like this before? If so, please describe what and when.

What employment skills do you want to work on most?

## REFERENCES (OTHER THAN FAMILY MEMBERS)

Name:

Phone:

Email:

Relationship:

Name:

Phone:

Email:

Relationship:

Please tell us how you heard about this program:

☐ OUCARES website

☐ Teacher

☐ Friend

☐ Social Worker

☐ Other

I certify that all entries on this application are complete and accurate to the best of my knowledge. I understand that falsifying any information on this application could result in rejection or dismissal from the OUCARES Pre-Employment Skills Training.

Signature of applicant:

Date:

Please mail completed application to: **OUCARES, 425C Pawley Hall, 456 Pioneer Drive, Rochester, MI 48309** or fax to **248-370-4242** or email to **oucares@oakland.edu**

*Once your application has been received, you may be contacted to come in for a personal interview & assessment.*

***The Criteria for enrollment in the Pre-Employment Skills Training:***

- Adults 18 years and older with ASD or another developmental disability.
- Do not pose a threat to themselves or other participants, staff, & equipment.
- Demonstrates social/interpersonal skills and communication skills necessary for vocational or work related training.
- Demonstrates motivation and willingness to fully participate in the duration of the program.

***What is the application process?***

- Fill out an application form.
- All applicants will be screened to make sure that they meet the minimum and desired qualifications to be successful in the program. Applicants who meet the minimum and desired qualifications will be invited to an initial interview.
- The final selection process is at the discretion of the OUCARES interview committee.
- Those selected for the Pre-Employment Skills Training will be informed of their admission to the program and given the start date.

***Where and when is the OUCARES Pre-Employment Skills Training?***

- Location: Meadows Learning Center, 1435 W. Auburn Rd., Rochester MI
- Time 9:00am – 3:00pm Monday through Friday

Start date:

- Monday, January 21- Friday, March 29, 2019
- This Pre-Employment Skills Training offers an invaluable opportunity to learn “soft” interpersonal skills in a comfortable and structured setting ideal for adults with Autism Spectrum Disorder and other Developmental Disabilities. This training will empower these adults to be successful and develop the employable skills necessary for employment in any industry. OUCARES offers one facilitator for every three participants with autism.
- The cost for the entire program is \$3000.

**Third Party Payments**

If a third party will be paying for the client to attend this training, we must receive an authorization letter from the third party (on letterhead). It must include the client’s name, the amount they are paying and the date we will receive payment, contact name and phone number for billing. We must receive this information no later than 2 weeks before the start of the workshop. Clients (parent/guardians) are responsible for the remainder of the program balance not covered by the third party.

If you’re interested in attending or have a question please email [oucares@oakland.edu](mailto:oucares@oakland.edu) and we will send you additional information.