

This application is to participate in The Arc Montgomery County's Transitioning Youth Retail Project (TYRP). The program runs for 10 consecutive weeks and consists of three weeks classroom preparation, two weeks practice training, and five weeks working internship. **Each class is limited to 12 participants; submitting an application does not qualify as acceptance into the program. You will be contacted within two weeks if you are selected to come for an interview.** TYRP is for transitioning youth with mild to moderate I/DD who are 18-24 years old and living in Montgomery County, MD.

**A. Applicant Information**

Name: \_\_\_\_\_  
First Middle Last

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

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

High School Name: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Received:  Certificate  Diploma  Neither—Still in School

Are you age 18-24?  Yes  No

Are you a resident of Montgomery County?  Yes  No

Are you authorized for employment in the United States?  Yes  No

We only accept students who plan to seek/retain employment and who are authorized to work in the USA. Documentation must be presented at orientation. To review acceptable documentation, visit <http://www.uscis.gov/files/form/i-9.pdf>

Have you ever been convicted of a felony or been incarcerated in connection with a felony?  Yes  No

We have zero tolerance for violence, threats, damage to property, theft, larceny, etc. A criminal background check may be required.

Social Security Number: \_\_\_\_\_

How did you learn about the Transitioning Youth Retail Project? \_\_\_\_\_

**B. Personal References**

Please list two personal references who are NOT related to you and who have known you for at least one year.

Name #1: \_\_\_\_\_  
First Last

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_  
First Last

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**C. Prior Work and/or Volunteer Experience**

Company Name	Position/Job Title	Supervisor Name	Phone	May We Contact?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Additional Information**

Are you currently receiving support services from a service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this a Maryland DDA funded service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name of Service Provider/Agency:	_____
Have you applied for DORS funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you been approved for DORS funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on the waiting list for DORS funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your total household income?	\$ _____
How will you be traveling to/from the program and to/from your retail internship store (local locations) each day?	
Are you flexible with your schedule and able to work evenings, weekends, and/or holidays if that is what your internship supervisor needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work independently without constant job coach support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with and able to correctly handle and count money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to add and subtract numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you familiar with and comfortable learning on computers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you read at or above the 4 <sup>th</sup> grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you calculate math at or above the 4 <sup>th</sup> grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you stand on your feet for 2-3 hours at a time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be comfortable working at a cash register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be comfortable answering telephones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any current employees of The Arc Montgomery County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the employee's name and relationship to you.	

**E. Applicant's Interests and Hobbies**

*Please list some of your interests and hobbies.*

**F. Applicant Statement**

*Please use this space (or attach a separate typed or hand-written document) to explain why you believe you would be a good candidate for TYRP. Include some of your positive attributes, personality traits, skills, experiences, and/or aptitudes that will help you to achieve success.*

