



STUDENT INTERNSHIP EXPERIENCE PROGRAM

Allegany-Steuben Counties Chapter NYSARC, Inc.
One Arc Way, Bath, NY 14810
Amber Parker, Director of Vocational Services
585-808-2856, amber.parker@thearcas.org
Fax: 607-776-9366

EMPLOYMENT HISTORY AND PERSONAL INTEREST SURVEY

Name: _____

Date of Birth: _____ Cell Phone #: _____

Home Phone #: _____ Email Address: _____

Of the following jobs listed, choose the one/s you believe you would most enjoy. Check as many as you would like.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Retail Clerk | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Nurse's Aide | <input type="checkbox"/> Hospital Worker | <input type="checkbox"/> Food Service | <input type="checkbox"/> Grounds Keeper |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Mailroom | <input type="checkbox"/> Shipping and Receiving | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Childcare | <input type="checkbox"/> Automotive/Transport | <input type="checkbox"/> Hotel |

☐ Other: _____

What are your activities, interests and hobbies?

- | | | | | |
|--|------------------------------------|---------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Church | <input type="checkbox"/> Crafts | <input type="checkbox"/> Music | <input type="checkbox"/> Community Activities |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Classes | <input type="checkbox"/> Cooking | <input type="checkbox"/> Sports | <input type="checkbox"/> Theatre/Movies |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Computers | <input type="checkbox"/> Gardening | <input type="checkbox"/> Dance | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Self Advocacy | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other: _____ | | |

What are your work skills and abilities?

- | | | | | |
|--|---|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Typing/Data Entry | <input type="checkbox"/> Writing | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Good with People |
| <input type="checkbox"/> Internet Research | <input type="checkbox"/> Presentations | <input type="checkbox"/> Gardening | <input type="checkbox"/> Organization | <input type="checkbox"/> Speaking-Telephone |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Reading | <input type="checkbox"/> Baking | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Other: _____ | | | | |

What vocational programs have you completed?

Do you like working with people? ☐ YES ☐ NO

When will you be done with high school? _____

What type of diploma will you be awarded? ☐ IEP ☐ Regents
☐ Skills & Achieve Commence Credential ☐ BOCES Certificate: _____
☐ Regents Work Readiness Certificate

Do you have an open ACCES VR case? ☐ YES ☐ NO
If you answered yes, please provide the name and contact information of your counselor:

Name: _____ Address: _____
Phone #: _____ Email Address: _____

If you have a Care Manager, please provide the following information:

Name: _____ C.C.O.: _____
Address: _____
Phone #: _____ Email Address: _____

Why do you want a job? _____

If you had a choice, where would you work? _____

Describe challenges you have faced at past volunteer/jobs. _____

Where have you Worked (Paid) or Volunteered (Not Paid)?

Dates	Employer	Title	Paid or Not Paid
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Describe challenges you have faced during work/volunteer activities:

Do you have a Personal Care Aide? ☐ Yes ☐ No

What supports, accommodations and adaptive equipment do think you would need in an employment setting?

Do you have a drivers' license? ☐ Yes ☐ No

If No, what is your means of transportation?

Why do you want to participate in this program?

List two goals you would like to achieve while in this program:

Describe your living arrangements:

Please use this space to tell us anything about yourself that was NOT addressed in the other questions:

Signature: _____ **Date:** _____

Person completing form if NOT applicant:

Relationship:
