



# 2023 STUDENT INTERNSHIP EXPERIENCE PROGRAM

Allegany-Steuben Counties Chapter NYSARC, Inc.  
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## 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.**

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

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

### **What are your activities, interests and hobbies?**

- Clubs       Church       Crafts       Music       Community Activities
- Reading       Classes       Cooking       Sports       Theatre/Movies
- Sewing       Computers       Gardening       Dance       Special Olympics
- Self Advocacy       Volunteer       Other: \_\_\_\_\_

### **What are your work skills and abilities?**

- Typing/Data Entry       Writing       Cleaning       Mechanical       Good with People
- Internet Research       Presentations       Gardening       Organization       Speaking-Telephone
- Word Processing       Food Preparation       Reading       Baking       Excel Spreadsheets
- Other: \_\_\_\_\_

**What vocational programs have you completed?**

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**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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:** \_\_\_\_\_