



Summer Employment Transitions 2018

Summer Employment Transitions (SET) strives to seek summer employment for local students with disabilities/barriers to employment who wish to gain summer work experience. Participants will receive the support of a job coach on the job.

Necessary Qualifications

- Age **16 to 29 years** old
- Currently enrolled in Northumberland County/and area secondary school or post-secondary institution and have a disability or barrier to employment
- Must have **own transportation** to and from work
- Must have **SIN number**
- Commit to work varying hours as the job requires.
- **Commit to work the entire summer (7 WEEKS)** when required to work by the employer.
- **NO Vacation time** may be scheduled for the duration of the Summer Employment Transitions program.

The application package is attached. The following forms must be completed.

- Summer Employment Transition Application form
- Agreement with Employment Support Services
- Photo Release Form
- Authorization for disclosure of participant information

Please return forms to;

Community Living Campbellford/Brighton, Attn: Amy Widdows
1 Young St. Brighton, ON
K0K 1H0

Deadline May 16th, 2018 *Applications handed in after this date will not be accepted.*

If you have any questions regarding Summer Employment Transitions or require assistance filling out the application please contact Amy Widdows 705 653 1821 ext 214
awiddows@communitylivingcampbellford.com

Summer Employment Transitions Application Form

Confidential Information

Applicants Name _____

Address (With Postal Code) _____

Telephone # _____

e-mail Address _____

Date of Birth _____

School Presently Attending
(Specify Program if Post-Secondary)

How Many Years until
Graduation _____

Teacher _____

Social Insurance # _____

Health Card # _____

If there is a secondary parent /Guardian who would also like to be contacted, please specify.

Parent/Guardian _____

Telephone # Home # _____ Cell # _____

Email Address _____

Would you like to be contacted via email Yes _____ No _____

Emergency Contact – Please include relationship to participant

Telephone # _____

Present Abilities

Briefly describe the following to the best of your knowledge.

Reading Level: _____

Writing Level: _____

Check yes or no box for ability to perform these tasks

Task Performed	Yes	No	Comments
Count to 100			
Tell time			
Computer use/email			
Count Money (Change and Bills)			

Please check off jobs/fields you may be interested in:

(This will not necessarily determine your placement for the upcoming SET program)

Kitchen (dishes/food prep)

Retail (stocking/sorting/facing)

Outdoor Work (grass cutting/weeding)

Maintenance (painting/cleaning)

Office Work (filing/clerical duties)

General Labor (heavy lifting/moving)

Cleaning (washing floors/windows/sweeping)

Miscellaneous (sign shaking/hostess)

OTHER: _____

(List any other areas/places you would like to work)

List any interests and/or skills the applicant has in order to secure a better job match. I.E. Jobs in the past, volunteering, Co-op
etc. _____

What areas are you able to get transportation to? (circle all that apply)

Brighton/Brighton No Frills Area/ Presquile Park Area/ Brighton 401 area/Trenton Downtown/
Trenton 401 area/ Wooler/ Colborne/Cobourg/ Campbellford

Work Experience

List the last 3 jobs or co-op's applicant has had:

Employer: _____ Title: _____
Employment Start Date _____ Employment End Date _____
Duties: _____

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Employment Start Date _____ Employment End Date _____
Duties: _____

Employer: _____ Title: _____
Employment Start Date _____ Employment End Date _____
Duties: _____

Addition Comments regarding past placements:

Medical Information

Diagnosis (Must be completed):

Check yes or no box in regards to effects of disability:

Does the disability effect	Yes	No	Comments
Ability to learn new tasks?			
Behavior conduct			
Emotional behavior			
Getting along with others?			
Listening skills?			
Ability to work independently?			

Additional Comments:

Allergies: _____

Seizures (type): _____ Frequency: _____

Normal Length of Time: _____

Procedures (treatment): _____

Able to use Washroom Facilities Independently YES____ NO____

Medications:

Name: _____

When/How it is taken: _____

Assisted devices required (wheelchair, eye glasses, etc.):_____

Is there a medical reason the applicant cannot work out doors? Yes / No

Comments: _____

Is there any condition which might cause an emergency during the duration of the Summer Employment Transitions program? If yes, please give details and action to be taken.

Further Information

- If the participant and/or parent/guardian would like to set up a meeting to further discuss any important information that may not be listed, but could help further the success of the participant in our Summer Employment Transitions program, please contact Amy Widdows at 705 653 1821 ext. 214.
- If the participant and/or parent/guardian would benefit from meeting the job coach before the beginning of their work placement (aside from information night and job readiness training), please contact the aforementioned number.
- Please do not leave any blank spaces on the form. It is extremely important we have as much information as possible to make the best job matches we can.

Photo/Video Release

I, _____
Name Applicant and or Guardian

Of, _____
Address

Herby agree that Community Living Campbellford/Brighton or any other persons acting on its behalf,
May use for educational or publicity purposes, any picture or video of myself or son or daughter in
perpetuity.

Signature of Participant

Signature of Parent/Guardian (if under 18 years of age)

Date

Agreement with Employment Transition Services

Re: Summer Employment Transitions

Terms and Conditions of receiving possible placement in Summer Employment Transitions:

1. Participant must be between 16-29 years of age.
2. Participant must be currently enrolled in school and be **returning in the fall.**
3. Participant must arrange **own transportation to and from work.**
4. Participant must be able to **commit to dates** corresponding to Summer Employment Transitions including
 - Orientation days **July 4th & 5th 2018**
 - All scheduled shifts with employer (**July 9th-August 24th 2018**)
5. Time missed during work will be due to **emergency situations** or **illness only**
6. Participant must be willing to **accept direction from the employer and the job coaches.**
7. Participants must be willing to **accept job match decisions and hours** made by the Summer Employment Transitions Developer and Summer Employment Transitions Job Coaches. Not all summer jobs are dream jobs, they are a stepping stone and the chance to get work experience on your resume.
8. Participants understand that any medication to be taken by the participant during the course of Summer Employment Transition is the sole responsibility of the participant.

Failure to meet these requirements may result in the Participant not being accepted into the Summer Employment Transition Service.

I HAVE READ THE ABOVE AND AGREE TO FOLLOW THE REQUIREMENTS.

Participant

Date

Signature of Parent/Guardian (if under 18 years of age)

Information Release Form

I, _____ of, _____
Name of participant Address

hereby agree that Community Living Campbellford/ Brighton and any persons acting on its behalf, may release information regarding my participation in Community Living Campbellford/ Brighton Summer Employment Transitions program. This information would include the location of my job placement, the hours and days I am scheduled to work, my job duties, and the skills I am developing. My participation in the program will be outlined in a report that is being written for my benefit. This report may be given to my family members/guardians/school for their use.

Signature of Participant

Signature of Parent/Guardian (if under 18 years of age)

Date