

Project SEARCH Knoxville 2026 Adult Program Application

Please circle which program(s) you are applying to.

Breakthrough:

University of TN Medical Center

Sertoma:

East TN Children's Hospital

Candidate Name: _____

Address: _____

Phone: _____

Email Address: _____

Day Service Provider

Agency (if applicable): _____

www.projectsearch.us



Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH candidate. This application enables the Project SEARCH Knoxville programs and the host hospitals to properly assess each candidate's interests, skills, abilities and background. A parent, Independent Support Coordinator, direct support professional, job coach or employer may be contacted to gather additional information. Our goal is to select candidates who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Application Process includes the following guidelines:

1. All applicants are encouraged to attend one of the Project SEARCH Information Nights to meet the instructors and receive more details about the programs.
Information Night at Breakthrough (UTMC) is scheduled for: **Tuesday, August 19th, 2025 from 5:30 p.m. to 7:00 p.m.**
Information Night at East Tennessee Children's Hospital is scheduled for: **Tuesday, September 16th, 2025 from 5:30 p.m. to 7:00 p.m.**
2. **Submit the completed application packet to the address on page 3 of this application packet by 5:00 p.m. on Friday, October 17, 2025.**
3. **All applicants MUST attend an interview and skills assessment to be scheduled at the respective host hospital or an alternate location.** Please dress business casual for the interview and be prepared to perform several different job tasks.
4. Project SEARCH staff will review the applications, and if selected, match the applicant's skill set and interests with the appropriate Project SEARCH site.
5. If selected, a Circle of Support meeting will be arranged to amend any plans and any associated funding.
6. **If selected, applicants MUST pass a criminal background check and drug screen before the first day of the program, February 9, 2026.** Applicants will also be required to update all immunizations according to the host hospital's policies. Project SEARCH follows host hospital protocols with regard to COVID testing and vaccinations in the Project SEARCH programs. COVID policies are subject to change based on COVID developments.



Project | SEARCH

APPLICATION FOR ADMISSION

Project SEARCH Application Packet Checklist

PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR DIRECT SUPPORT STAFF OR CONSERVATOR.

Application Packets **MUST** include the following:

- ___ Completed Application form.
- ___ Current Color Photo (4x6 or Wallet Size);
- ___ Copies of any support plans from support agencies such as DHS Vocational Rehabilitation Program (VR) Employment Plans, Department of Intellectual and Developmental Disabilities (DIDD) Individual Support Plans, or Employment and Community First (ECF) Choices Program Person Centered Support Plans (if applicable).

Return completed Packet to:

Mark Rottero
Vocational Rehabilitation Supervisor
520 W. Summit Hill Drive, Suite 301
Knoxville, TN 37902
Mark.Rottero@tn.gov

A. APPLICANT PERSONAL INFORMATION:

Name: _____
Last First Middle

SS#: _____

Date of Birth: _____

Address: _____
Street (Apt./#) City Zip Code

Email Address: _____

Cell/Home Phone: _____

B. CONSERVATOR INFORMATION:

Do you have a conservator appointed by a Tennessee court? Yes No

If yes, list name below. If no, list any family member or friend who may be assisting you in completing your application:

Name: _____

Address: _____
Street (Apt./#) City Zip Code

Email Address: _____

Cell/Home Phone: _____

Work Phone: _____

C. APPLICANT/CONSERVATOR ACKNOWLEDGEMENT AND APPROVAL:

Selection into the Project SEARCH Program is dependent upon program and host hospital review.

By signing below you agree to release all information on this application for the purpose of discussion during the program and host hospital review.

By signing below you also authorize Project SEARCH Knoxville to use your name, photograph and any video-taped activities for media presentations related to Project SEARCH activities.

Equal Opportunity: Program decisions regarding acceptance and placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

A three-month trial period will be required of all candidates who are accepted into the Project SEARCH program. The conservator and applicant agree to comply with this procedure.

Applicant Signature:

Date:

Conservator Signature *(if applicable)*

Date:

D. EDUCATION AND EMPLOYMENT INTERESTS:

What year did you or will you graduate from School? What High School?

When you are hired for paid employment do you want to work full time or part time? Please check both if applicable: Full-time: ☐ Part-time: ☐

Which shift would you prefer working after completing Project SEARCH? Check all that apply:
Day shift ☐ Evening shift ☐ Night shift ☐

List jobs you do or have done in school or in the community (if any). List most recent first:

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Address		Phone Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Address		Phone Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

E. SERVICE AGENCIES:

Do you have a Vocational Rehabilitation (VR) Counselor?

If no, please contact Mark Rottero at the Vocational Rehabilitation Program (mark.rottero@tn.gov) before submitting this application. Please inform him that you are submitting an application for Project SEARCH and need to apply for VR services. You will need to provide a Social Security number and sign a release form to facilitate providing case information to Project SEARCH.

If yes, please provide name and phone number

Name:

Phone Number:

Do you have an Independent Support Coordinator through the Department of Intellectual and Developmental Disabilities (DIDD) or DIDD Case Manager? If yes, please provide name and phone number:

Name:

Phone Number:

Do you have a Support Coordinator through the ECF Choices Program?
If yes, please provide name and phone number:

Name:

Phone Number:

Agency

F. ACCOMMODATIONS:

Do you have any challenges or limitations that would require accommodations? If yes, please explain.

G. ACKNOWLEDGEMENT OF PROJECT SEARCH EXPECTATIONS



Project SEARCH Adult Program Expectations

- Meet eligibility requirements for Vocational Rehabilitation
- Have independent personal hygiene and grooming skills
- Have independent living skills
- Maintain appropriate behavior and social skills in the workplace. **Such behaviors as violence, aggression, physical harm, sexually inappropriate behaviors, theft and/or destruction of property are not allowed and will result in dismissal from the program and possible legal action**
- Take direction from supervisors and change behavior
- Be able to communicate effectively
- Have no more than one “*unexcused*” absence per 10 week round (an “excused” absence would include medical appointments, with a doctor's note, or family crises such as death or medical emergency)
- Participate in travel training to ensure success in using the bus independently and utilize public transportation *when available*
- Pass drug screen and felony check and have up-to-date immunizations
- Have the desire and plan to work competitively in the community at the conclusion of the Project SEARCH program

I acknowledge the expectations above

Applicant

Conservator (*if applicable*)

H. TRANSPORTATION:

How do you plan to get to Project SEARCH?

Self ☐ Public Transportation ☐ Family ☐ Agency ☐

I. PREPARER:

If this application has been completed by someone other than the applicant, please provide the following information and sign:

Name (Please Print)

Title

Phone Number

Date

Signature