



Application Purpose & Guidelines

The purpose of this application packet is to obtain a broad picture of the individual and outline the skill set of the B.E.S.T. applicant. This application enables the B.E.S.T. coordinators and selection team to properly assess each candidate's interests, skills, abilities and background. A parent, Individual 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 the B.E.S.T. program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

1. All applicants are encouraged to meet the coordinator and receive more details about B.E.S.T.
2. **Submit the completed application packet via mail, email, or fax to the address on page 3 of this application packet by 5:00pm August 30, 2019.**
3. **All applicants MUST attend an interview and/or consultation on the day scheduled.** Please dress business casual for the interview and be prepared to perform several different job tasks.
4. The B.E.S.T. staff and internship site hosts will review the applications, and if selected, match the applicant's skill set and interests with the appropriate internship selections.
5. If selected, a Circle of Support meeting will be arranged to amend the Individual Support Plan/ Person Centered Support Plan and any associated funding.
6. **If selected, applicants MUST pass a criminal background check and drug screen before the first day of the program, **TBD**.**



B.E.S.T. 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:

- 1. Completed application forms.**
- 2. A signed copy of the Bridge to Employment in Service and Tourism (B.E.S.T.) Expectations.**
- 3. Recommendations from your current support agency (if applicable) and a personal reference (forms included in the application packet).**

Return Completed Application Packets To:

Breakthrough Corporation
c/o Kendrise Colebrooke
900 E. Hill Ave.
Suite 145
Knoxville, TN 37915
Email:
kcolebrooke@BESTknoxville.org
and
instructor@BESTknoxville.org
Fax: 865-247-0066



Application for Admission

A. APPLICANT PERSONAL INFORMATION:

Name: _____
Last First Middle

SS#: _____

Address: _____
Street City Zip Code

E-mail Address: _____ Cell/Home Phone: _____

Date of Birth: _____ Male Female

B. PARENT/CONSERVATOR PERSONAL INFORMATION:

Do you have a conservator? YES NO

If yes, list name below. If no, list any family member or friend who may be assisting with your application.

Name: _____ E-mail: _____

Address: _____
Street City/State Zip Code

Cell/Home Phone: _____ Work Phone: _____



C. APPLICANT/CONSERVATOR ACKNOWLEDGEMENT AND APPROVAL:

1. Selection into the B.E.S.T. Program is dependent upon program and host site review.
2. By signing below you agree to release all information on this application for the purpose of discussion during the program and host site review.
3. By signing below you also authorize the B.E.S. T. program to use your name, photograph and any video-recorded activities for media presentations related to B.E.S.T. activities.
4. 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 two-week trial period will be required of all candidates who are accepted into the B.E.S.T. program. The conservator and applicant agree to comply with this procedure.

Applicant Signature: _____ Date: _____

Conservator Signature: _____ Date: _____



D. AGENCY RECOMMENDATION: *Section D to be completed by agency staff member (if applicable)*

Applicant's Name: _____

Applicant's Agency/School: _____

Why do you think this person is a good candidate for B.E.S.T.?

Comments about attendance:

Comments about long-term employment interests:

Comments regarding work performance:

Print Name: _____
Signature: _____
Title: _____
Agency Affiliation: _____
Phone/Email: _____



F. EMPLOYMENT INTERESTS AND BACKGROUND:

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 B.E.S.T.? Check all that apply:

Early AM Mid Day Night shift
 Day shift Evening shift Overnight

List jobs you do or have done while 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
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

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

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

Have you ever been fired from, let go from or asked to resign from a job? Have you ever quit a job?

Yes No

If yes, please explain:

What do you consider to be the biggest barrier to employment?

If yes, please explain:



G. UNIFORM:

Please provide shirt size for uniform ordering purposes: Uniform shirts are \$20 each.

Shirt Size: _____

Number of Shirts _____

H. TRANSPORTATION:

How do you plan to get to B.E.S.T. internship?

Self Agency KAT/ lift Family Shuttle/ Other

I. SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor? (VR Counselor)? If yes, please provide:

Yes Name _____ Phone Number: _____
No

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

Yes Name _____ Phone Number: _____
No

Do you have a Support Coordinator through the Employment and Community First Choices Program (ECF) and a Managed Care Organization (MCO) such as Amerigroup, BlueCare, United Healthcare? If yes, please provide:

Yes Name _____ Phone Number: _____
No

Do you have some other service not listed above? If yes, please provide:

Yes Name _____ Phone Number: _____
No



J. ACCOMMODATIONS:

Do you have any challenges or limitations that would require accommodations?

K. APPLICANT RESPONSE QUESTION:

Why do you want to participate in B.E.S.T.? *(Complete in your own words or have someone write your thoughts for you, using your own words)*

L. PREPARER:

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

Name Title Phone Number Date

Signature



M. SAMPLE B.E.S.T. INTERN CONTRACT:

****The intern will be asked to sign the B.E.S.T. contract AFTER selection into the program.***

I, Intern's Name, understand that I have been accepted into the B.E.S.T. program and must abide by the following terms and conditions:

- I understand that the desired outcome for me in B.E.S.T. is full/part-time paid employment in the community.
- I will actively pursue employment during the internship experience.
- I will complete at least two unpaid job rotations within a host business.
- I will attend the program every day for 7 hours per day (e.g. 8:00am - 3:00pm), Monday through Friday, understanding that internship times may change based on the internships I select.
- I will maintain professional behavior appropriate to my work environment.
- I will participate in any training or certification processes required to complete my job duties as an intern.
- I will call my instructor and departmental supervisors when I will be absent or tardy.
- I will make up any time missed due to absences.
- I will learn to use public transportation if at all possible.
- I will follow all the policies and procedures established by the program and host business.
- I will dress according to the dress code and uniform requirements of the assigned host site and/or rotation.
- I will attend weekly Employment Planning Meetings with my Instructor and Job Coach; I will be an active participant and communicate any issues at the meetings.
- I will attend scheduled Staffing reviews with my Instructor, Job Coach, VR Counselor, Independent Support Coordinator, and family supports. I will be an active participant and communicate any issues at the meetings which will be held at least twice during my internship.
- I will work with my personal and community supports to obtain the supplies from the supply list for my site. (List is distributed at the Host Site Orientation)
- I will receive a Bridge to Employment in Service and Tourism certificate of completion when I complete the program.

I authorize B.E.S.T. to use my name, photograph, and any video-recorded activities in media presentations in regards to my participation in B.E.S.T. activities.

I have read the above terms and conditions and agree to accept my placement in the B.E.S.T. program. I understand that I may be asked to leave B.E.S.T. if I fail to follow the terms and conditions. ******For information only. Signature not required at this time. ******

_____ <i>Intern Signature</i>	_____ <i>Date</i>
_____ <i>Parent/Conservator Signature</i>	_____ <i>Date</i>
_____ <i>B.E.S.T. Team Member Signature</i>	_____ <i>Date</i>



N. ACKNOWLEDGEMENT OF B.E.S.T. EXPECTATIONS

- Be 18 yrs or older
- Have the desire and plan to work competitively in the community at the conclusion of the B.E.S.T. internship
- Meet eligibility requirements for Pre-Employment Transitional Program and/or Vocational Rehabilitation and/or DIDD and/or ECF Choices Program
- 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 will not be allowed.
- Take direction from supervisors and change behavior as needed
- Be able to communicate effectively
- Have no more than 3 “unexcused absences” (an “excused” absence would include medical appointments with a doctor’s note, or family crises such as death or medical emergency)
- Pass drug screen and felony check

I acknowledge the expectations above

Applicant /Date