



Summer Employment Transitions 2020

Summer Employment Transitions (SET) strives to seek summer employment for local students with developmental and or vocational disabilities who wish to gain summer work experience. Participating students will receive the support of a job coach on the job.

Necessary Qualifications

- Age **16 to 29 years** old
- Currently enrolled in a Sarnia-Lambton area high 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 client information

Please return forms to the school or Community Living Sarnia Administration Office at 551 Exmouth St. Suite 105 on or before **May 15, 2020**. ***Applications handed in after this date will not be accepted, no exceptions***

If you have any questions regarding Summer Employment Transitions or **require assistance filling out the application please contact Evan Dawe, Coordinator of Employment Supports, Employment Transitions at 519-332-0560 or by email (preferred) edawe@communitylivingsarnia.org**

Summer Employment Transitions Application Form

Confidential Information

Applicant's Name _____

Address (With Postal Code) _____

Student Telephone # _____

Student e-mail Address _____

Date of Birth _____

School Presently Attending
(Specify Program if
Post-Secondary) _____

How Many Years until
Graduation _____

Teacher/Case Worker _____

Social Insurance # _____

Health Card # _____

Types of Income ODSP ___ Ontario Works ___ NA ___ Other _____

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

Parent/Guardian (P/G) _____

(P/G) Telephone # Home # _____ Cell # _____

(P/G) Email Address _____

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

Emergency Contact – Please include relationship to student

Telephone # _____

Present Abilities

Indicate past number of years in the Summer Employment Transitions Program: _____

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			
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)

- | | |
|---|---|
| <input type="checkbox"/> Kitchen (dishes/food prep) | <input type="checkbox"/> Retail (stocking/sorting/facing) |
| <input type="checkbox"/> Outdoor Work (grass cutting/weeding) | <input type="checkbox"/> Maintenance (painting/cleaning) |
| <input type="checkbox"/> Office Work (filing/clerical duties) | <input type="checkbox"/> General Labor (heavy lifting/moving) |
| <input type="checkbox"/> Cleaning (washing floors/windows/sweeping) | <input type="checkbox"/> Miscellaneous (sign shaking/hostess) |

OTHER: _____

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

Is there a medical reason the applicant can not work outdoors? Yes / No

Comments: _____

What areas are you able to get transportation to? (Options) Alvinston/Watford, Arkona, Bright's Grove, Lambton Shores, Petrolia, Sarnia, St. Clair Township, Wyoming, Point Edward

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.

Work Experience

List the last 3 job, co-op or volunteer positions applicant has had:

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

Duties: _____

Employer: _____ Title: _____
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 regard 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 (use back page of package if needed):

Allergies:

Seizures (type): _____ Frequency: _____

Normal Length of Time: _____

Procedures (treatment): _____

Able to use Washroom Facilities Independently YES ___ NO ___

Medications:

Name of Drug: _____

When/How it is taken: _____

Equipment required (wheelchair, eye glasses, etc.): _____

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 parent/guardian and/or the student 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 student in our Summer Employment Transitions program, please contact Evan Dawe at 519-332-0560 ext. 224.
- If the parent/guardian and/or the student 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

Hereby agree that Community Living Sarnia-Lambton 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 Guardian (if under 18yrs)

Date

Agreement with Employment Transitions Services

Re: Summer Employment Transitions

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

1. Students must have reached legal working age of 16 years prior to July 1, 2020 and be under the age of 29 years.
2. Students must be currently enrolled in school and be **returning in the fall**; graduates may contact jobPath @ 519-332-4004 to assist with school to work transition www.employment-transitions.com
3. Students must arrange **own transportation to and from work**.
4. Students must be able to **commit to dates** corresponding to SET including
 - Orientation days (June 24th and 25th 2020)
 - Scheduled shifts with employer (July 6- August 21, 2020)
5. Time missed during work will be due to **emergency situations** or **illness only**
6. Students must be willing to **accept direction from the employer and the job coaches**.
7. Participants and parents must be willing to **accept job match decisions and work hours** made by the Summer Coordinator and Employment Transition Coordinators. Summer jobs are not dream jobs, they are a stepping stone and the chance to gain work experience. ***Unfortunately, we cannot change the scheduling once it is done and arranged with employers.***
8. Participants and Parents understand that any medication to be taken by the participant during the course of Summer Employment Transitions is the sole responsibility of the participant.
9. **Participants must realize they are working a REAL JOB which means you can get fired for missing shifts, showing up late and any unacceptable behavior on the job.**

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

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

Student

Date

Parent (If student is under 18 or parent is required to sign on behalf of their child)

Information Release Form

I, _____ of, _____
Name of student or Guardian Address

hereby agree that Community Living Sarnia-Lambton and any persons acting on its behalf may release information regarding my participation in Community Living Sarnia-Lambton's 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 will be given to my family members/guardians/school for their use.

Signature of Participant

Signature of Guardian (if under 18 years of age)

Date