



The Uniquely Abled Academy® Replication Guide

Element 3 - Marketing, Recruiting Selecting and Onboarding Trainees

Exhibit 3.2: Uniquely Abled Academy Application Form

Publication Date: July 14, 2023

**The Uniquely Abled Academy @ School
CNC Operator Training
Student Application**

All information provided is strictly confidential. This form should be completed by the applicant, parent, or conservator. Proof of conservatorship will be required.

GENERAL INFORMATION

Date _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name _____	Nickname _____
Date of Birth _____	Citizenship _____
Age _____	
Place of Birth _____	With whom do you live? _____
Street Address _____	City, State _____
Email Address _____	Zip Code _____
Home Phone _____	Cell Phone _____
Current Occupation _____	

FAMILY INFORMATION

Father's Name _____	Mother's Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Occupation _____	Occupation _____

**PRIMARY CONTACT PERSON (FROM ABOVE)**

☐ Mother ☐ Father ☐ Other

If "Other:"

Name _____ Relationship _____

Phone # _____

EDUCATIONAL INFORMATION

*List all high school, college, post-secondary transition, or other specialized programs, trade, or vocational schools you have attended. **Please send a copy of your college transcripts to the Uniquely Abled Academy Coordinator at <email address of Coordinator>.***

Full High School Name	Dates Attended	Diploma or Certificate of Completion
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Full School Name	Dates Attended	Credits, Certificate, or Degree
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Have you ever been suspended or dismissed from school?

☐ Yes ☐ No

If yes, please explain _____



Please describe any jobs (either paid or volunteer), programs or activities you have participated in since high school:

APPLICANT INFORMATION

Are you a client of a Regional Center? ☐ Yes ☐ No

If yes, which Regional Center? _____

Name of Service Coordinator _____ Phone # _____

Do you receive Department of Rehabilitation Services? ☐ Yes ☐ No

Name of Case Coordinator _____ Phone # _____

Do you receive any other services? ☐ Yes ☐ No

(e.g. Life Skills Coaching, Behavior Management, etc.)?

Please List _____

Do you receive SSI? ☐ Yes ☐ No

Are you conserved? ☐ Yes ☐ No

Conservator

Name/Phone# _____

What is the most recent IPP, IEP, Transition Plan, Vocational Assessments or Neuropsychiatric Reports* that you can provide? _____

**Please attach your most recent report copies to this application*



Is there any past history of alcohol, drug, or legal difficulties?

☐ Yes ☐ No

If yes, please explain _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain _____

Do you have any health conditions or allergies that we should know about?

☐ Yes ☐ No If yes, please explain _____

Do you have any conditions diagnosed by a therapist, psychologist, or psychiatrist?

☐ Yes ☐ No

If yes, what are those conditions?

Have you seen a therapist, psychologist, or psychiatrist in the past 5 years?

☐ Yes* ☐ No

If yes, please explain _____

***If yes, please have your therapist, psychologist, or psychiatrist write us a note regarding your emotional and behavioral stability.**

Please list any medications you take and the dosages.



SPECIAL INFORMATION

What programs do you use on the computer?

Please list your strengths, talents, interests and hobbies _____

How did you hear about the Uniquely Abled Academy for CNC Training?

Are you prepared and able to attend the Uniquely Abled Academy at <Host School>, 4 days a week, 8am-3pm, <start date>- <end date>?

☐ Yes ☐ No

Please provide any additional information that you feel will be helpful when we evaluate your potential as a trainee.

References: Please list the name(s) of people who know you well (other than a relative) and can tell us about you and/or your work ethic.

Name	Relationship	Phone or email
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Name	Relationship	Phone or email
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STATEMENT OF AUTHENTICITY

Name of person completing application _____

If NOT applicant, please list relationship to applicant and provide contact information:

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF TRAINEE/APPLICANT

DATE

SIGNATURE OF PARENT/CONSERVATOR

DATE

Attach with your application:

Please write 1 - 2 paragraphs about yourself. Tell us something about yourself that will help us to get to know you better. It can be about a special interest, a special person in your life, or an activity that you like to do (or anything else that you would like to share with us).

Please send the following:

- ☐ Completed Application
- ☐ Candidate Attributes
- ☐ Most recent IPP, IEP, Transition Plan, Vocational Assessment or Neuropsychiatric Reports
- ☐ Letter from your Therapist, Psychologist or Psychiatrist
- ☐ College Transcripts
- ☐ Writing Sample

Please send application to: <email address of Program Coordinator>
and/or to the address below. There is no application fee.

Send any questions to: <email address of Program Coordinator>