

# AACOG IDDS Apprenticeship Program Application

---

## **Application Purpose**

The purpose of this application is to provide information for the AACOG committee to assess each applicant's skills and abilities for potential placement in the manufacturing internship program. The goal of this program is to provide an opportunity to those individuals who desire to gain experience in an integrated, competitive work setting.

## **Application Guidelines**

1. The entire packet must be completed. Incomplete packets will not be considered for the program.
2. **Submit completed application (and resume, if you have one) to AACOG IDDS Employment Services:**
  - a. Email: [Employmentservices@aacog.com](mailto:Employmentservices@aacog.com)
  - b. Phone: (726)213 8081
  - c. Regular Mail: AACOG IDD Services, 2700 NE Loop 410, Suite 101  
San Antonio, TX 78217
3. If your application is selected for an interview, you will be asked to meet with the hiring committee so that we can learn more about you and your goals for completing the program.
4. Selected interns will receive an acceptance letter from the AACOG IDDS hiring committee.  
Those not selected will also receive a letter to inform them of the decision.
5. All selected apprentices will receive information on a mandatory Orientation Meeting from the program instructor. The purpose of this Orientation Meeting is for all interns to meet the program instructor, the job coaches and each other.

## **Applicant Information**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male\_\_ Female\_\_

# AACOG IDDS Apprenticeship Program Application

---

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Use Sign Language: Y N

---

## **Employment History**

List past work/ volunteer history beginning with your last job/ volunteer site. All work and volunteer experience should be listed.

Dates of employment	Employer	Job Title and Describe Duties Performed	Supervisor & Contact Number	Paid or Unpaid	Reason for Leaving

# AACOG IDDS Apprenticeship Program Application

---

**Applicant Response Question** (applicant or staff may write their response in the applicant's own words)

Why are you interested in participating in the Apprenticeship Program?

---

---

---

---

---

---

---

---

*attach a page if needed*

---

**References** (list references to include no more than one family member)

	Name & Relationship	Phone Number	Email Address
1.			
2.			
3.			

**Application Completed by**

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

Did you receive assistance to complete this application (circle one)? Yes No

If yes, what is the name/ relationship of the person that assisted you?

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

# AACOG IDDS Apprenticeship Program Application

---

***This section (pages 4&5) to be completed by the assigned AACOG IDDS Service Coordinator***

**Applicant Name:** \_\_\_\_\_ **\*Program (circle one):** HCS TxHmL Safety Net

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ **LCN:** \_\_\_\_\_

**SC Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please rate the following characteristics on a scale of 0 (lowest; area of concern) to 5 (highest; area of strength). Explain any "0" ratings in the comment section. Please note that SC may be contacted to give additional explanations regarding ratings.

Characteristic/Skill	Rating	Comments
Communication abilities		
Work appropriate appearance		
Dependability		
Ability to follow directions		
Ability to work with minimal supervision		
Reading skills		
Math skills		
Ability to relate to peers and work in teams		
Flexibility/ Ability to transition from one activity to another		
Dependability		
Ability to take initiative/ Confidence		

Briefly explain why you think the applicant is a good candidate for the Apprenticeship Program. What do you LIKE & ADMIRE about the person?

---



---

# AACOG IDDS Apprenticeship Program Application

---

---

How does the Apprenticeship program support the applicant's current or future goals?

---

---

---

---

---

List any concerns you have regarding factors that may impact the applicant's ability to participate in/ complete the Apprenticeship Program:

---

---

---

---

---

Service Coordinator Signature: \_\_\_\_\_

**Instructions for SC:** Once your section is completed, please email it to Employment Services at [employmentservices@aacog.com](mailto:employmentservices@aacog.com), along with the applicant's most current PDP.

# AACOG IDDS Apprenticeship Program Application

---