

School to Work Project Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Contact Phone number: _____ Date of Birth: _____

DDD Case Manager Name: _____

High School: _____ Teacher: _____

Open case with
DVR: (circle one) Yes NO DVR Worker: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

What are your employment goals?

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What job experience do you have?
What have you done to find a job so far?
What are your likes and dislikes?
What are your skills and abilities?

Signature

Date

Guardian Signature (if applicable)

Date

Please return this application to: Spokane County DD Program
 Attn: Denise Magee
 312 W. 8th Ave.
 Spokane, WA 99204