



Project | SEARCH®

**Application
2025-2026**

Name: _____

High School: _____

Lima Project SEARCH Partners:

Mercy Health/St. Rita's Medical Center

Apollo Career Center

Opportunities for Ohioans with Disabilities

Employment Services

Allen County Area Local Schools



**Opportunities for
Ohioans with
Disabilities**



Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH candidate. This application enables the Selection Committee, consisting of, representatives from Mercy Health/St. Rita's Medical Center, Apollo Career Center Staff, Marimor Industries Inc., Employment Services staff, and (OOD) Opportunities for Ohioans with Disabilities, to properly assess each candidate's skills, abilities, and background. The Selection Committee may contact a parent, intern candidate, counselor, school staff or employer to gather additional information. Our final goal is to select intern candidates who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

Submit the completed application by FRIDAY, MARCH 14, 2025 to:

**Leigh Taylor, Project SEARCH Instructor
Mercy Health –St. Rita's Med Ctr
730 W. Market St.
Lima, OH 45801
Drop off at the Main Front desk**

OR

**Leigh Taylor, Project SEARCH Instructor
Apollo Career Center
3325 Shawnee Road
Lima, OH 45806
419-998-2908
Leigh.taylor@apollocc.org**

*****Completing this application does not guarantee placement in the program.***

All applicants must attend the Skills Day at Mercy Health/St. Rita's Medical Center on March 28, 2025. A letter will be sent home with more information to all applicants.

The Selection Committee will only accept fully completed applications. ANY incomplete applications will be disregarded, and the Intern Candidate will not be considered.

If accepted, an IEP will be updated with the IEP team for the 2025-2026 school year.

Keep in mind, Project SEARCH Candidates need to:

- ✓ have a desire to work competitively (competitive: 16 hours per week/minimum wage) as an end goal of the program
- ✓ have finished all their necessary credits for graduation, and have not received a high school diploma
- ✓ be considered for eligibility or already eligible through OOD (Opportunities for Ohioans with Disabilities)
- ✓ not have a criminal record
- ✓ benefit from career exploration by participation in a variety of internships

Project SEARCH Application Required Documents – Packet Checklist

PLEASE NOTE

All the required documents **MUST BE COMPLETED** and sent together in order to be considered for the program.

- Completed Application Packet (please have ALL areas filled out)**
- OOD Application** – included with the application (If applicable and do not already have an open case with OOD)
- Parent Transition Questionnaire**
- Most Current Individual Education Plan (IEP) – Ask for a copy from school**
- Evaluation Team Report (ETR) – Ask for a copy from school**
- High School Transcript and Transcripts from any other formal training**
- Career Assessments, vocational evaluations, and/or resume (if applicable)**

Return completed Packet to:

**Apollo Career Center
Attention: Leigh Taylor or
3325 Shawnee Road
Lima, OH 45806
419-998-2908
Leigh.taylor@apollocc.org
Main Office**

**Leigh Taylor
Project SEARCH Instructor
Mercy Health/St. Rita's Medical Center
730 W. Market Street
Lima, Ohio 45801
419-226-9724
Main Front Entrance**

****Please call Leigh if you want to drop it off in person at Mercy Health/St. Rita's Medical Center.**

APPLICATION FOR ADMISSION. PLEASE FILL IN ALL AREAS.

APPLICANT INFORMATION:

Name: _____
First Middle Last

Address: _____ #
Street City, Zip Code

SS# _____

Date of Birth: ____/____/____ Male Female

Applicant Cell Phone: _____

Applicant Email: _____

School Attending Currently: _____

Attended Apollo Career Center

Yes No Course of Study: _____

Student Shirt Size (Men's Polo Shirts): S M L XL Other Size: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s): _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Address (if Different) _____ City _____ Zip Code _____

Parent/Guardian Name(s): _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Address (if Different) _____ City _____ Zip Code _____

CANDIDATE INFORMATION:

1. I agree to the release of all pertinent school records, Apollo documentation and medical records to the application screening committee that includes Project SEARCH personnel, OOD personnel, Employment Services personnel (Marimor Industries, Inc.), and parent mentors.

- a. Information will be kept confidential and used only for program selection, agency referrals and Steering Committee meetings.
- b. The release will expire either (1) when the intern is hired or exits the program, (2) graduates from Project SEARCH in May, or (3) a year from the signed application date.
- c.

2. Equal Opportunity: Career and job placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Applicant/Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION: *Transportation will be provided through Apollo Career Center only if the home school attends Apollo. If the home school is not an Apollo affiliate, other arrangements will be looked into to get the intern to and from.*

Will then intern drive themselves. Yes No

If Driving self, please provide the information below.

Make/Model: _____ Year: _____ Color: _____

License Plate # _____

FUTURE EMPLOYMENT PREFERENCES and BACKGROUND:

What is your career of interest?

How do you want to be employed in the community upon completion of Project SEARCH?

Full time Part time

List any paid or unpaid jobs you have had or have done in school or in the community (Ex: World of Work, Summer Youth)

Employer #1 _____ Paid Unpaid

Contact # _____

Supervisor's Name: _____

Job Duties _____

Employer #2 _____

Paid Unpaid

Contact # _____

Supervisor's Name: _____

Job Duties _____

Have you ever been fired/terminated from a job?

Yes No

If yes, please explain: _____

Have you ever quit a job?

Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please give date, place, charge and disposition:

Are there any outstanding felony charges? Yes No

If yes, please give date, place, charge and disposition:

SERVICE AGENCIES:

Do you have an OOD (Opportunities for Ohioans with Disabilities) Counselor?

Yes Name: _____ Phone Number: _____

No

Are you eligible for services from the County Board of DD and have an SSA?

Yes Name: _____ Phone Number: _____

No

Never Applied

In Process

Are you receiving Social Security benefits?

Yes If yes, please circle: SSI or SSDI

No

INDEPENDENT LIVING:

Do you have health insurance? Yes No

***If yes, please make sure a copy is included front and back.**

Medications/dosage/Time of day taken by candidate

MEDICATION	DOSAGE	TIME OF DAY

Can the candidate independently take their own medicine, if needed during the day? Yes No

Any allergies? Please list: _____

Please check area in which you may have **difficulty** with: *Parent or school staff may assist you in completing this section.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Other (please provide):
_____ | <input type="checkbox"/> Working with others |
| <input type="checkbox"/> Paying attention to task | <input type="checkbox"/> Self-direction | <input type="checkbox"/> Decision making |
| <input type="checkbox"/> Difficulty sitting still | <input type="checkbox"/> Personal needs on the job | <input type="checkbox"/> Adjusting to new situations |
| <input type="checkbox"/> Harming self or others | <input type="checkbox"/> Reading | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Speech/language | <input type="checkbox"/> Work stamina (standing, stairs, lifting) |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Handling money | <input type="checkbox"/> Hygiene and grooming |
| <input type="checkbox"/> Taking medication | <input type="checkbox"/> Communicating | |

Describe the support you will need to be successful in the workplace:

EMERGENCY CONTACT PERSON (Other than a parent/guardian)

Name: _____

Relationship to Student: _____

Address _____ City _____ ST _____ Zip Code _____

Email: _____

Phone: _____

MEDICAL CONTACT INFORMATION

Hospital: Mercy Health/St. Rita's Lima Memorial Other: _____ Physician:
_____ Phone: _____

Dentist: _____ Phone:

_____ Other:
_____ Phone:

*In the event, after several calls and contact has not been made, the interns will be treated at Mercy Health/St. Rita's Medical Center for any serious injuries.

SPECIAL DIETARY NEEDS

Does the student have special nutritional needs or allergies to any foods? *The interns are given the freedom to choose lunch in the café'. There are gluten free choices available upon request. If there are special concerns, please explain: _____

REFERENCES (**MUST BE INCLUDED**)

List 3 References *MUST NOT BE A FAMILY MEMBER* Include all data, they will be contacted.

Reference #1 Name _____ Phone
_____ Relationship to Student _____

EMAIL _____

Address _____

Street City Zip Code Reference #2

Name _____ Phone

_____ Relationship to Student _____

EMAIL _____

Address _____

Street City Zip Code Reference #3

Name _____ Phone

_____ Relationship to Student _____

EMAIL _____

Address _____

Street City Zip Code

SCHOOL USE:

Please have your teacher complete.

Name of teacher: _____

Comments about Attendance:

Vocational Comments (strengths and weaknesses):

What is one areas do you think Project SEARCH could assist with the student's success in a job?

Skills and Abilities	Yes	No	Sometimes	Unsure
Student can tell time – analog				
Student can tell time – digital				
Student knows the value of money (coins and bills)				
Student can pay for items independently				
Student can read simple sentences				
Student has good attendance				
Student has written a resume				

Student can complete an application				
Student can independently use a computer to type papers or letters and send emails				
Student can take direction				
Student can take constructive criticism appropriately				
Student can identify their strengths				
Student can identify their weaknesses				
Student exhibits appropriate social behavior				
Student can use a calculator				
Uses their cell phone during school				
Is able to navigate independently				
Has good hygiene on a daily basis				

Please list any concerns or behaviors the student exhibits to assist teachers, supervisors or co-workers to help them be successful working as an intern with Project SEARCH:

Signature: _____ Date: _____

CANDIDATE RESPONSE QUESTION

In the applicants own words, why do you want to participate in Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the student's own words)

CANDIDATE (PRINTED) NAME: _____

This application has been completed with assistance from
(Only fill out if not completed by the candidate in their own):

Name Title/Organization Phone

Signature Date

I UNDERSTAND THAT IF I AM ACCEPTED INTO THE PROGRAM, I am agreeing to make a nine-month commitment to participate in the program and that as a situation of working in a medical facility, the following are required regulations: a TB test (Blood Draw), a medical physical (form will be sent to accepted candidates), and flu shot. A 45-day trial period will be required of all accepted enrollees. The candidate and Parent/Guardian agree to comply with this procedure.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Mercy Health/St. Rita's Medical Center Apollo Project SEARCH - Behavior Standards



EMPLOYEE EXPECTATIONS:

As members of this organization, we understand that we are a reflection of the entire organization, and pledge to uphold the Behavior Standards as outlined below while completing internships at Mercy Health/St. Rita's Medical Center.

CORE VALUE

Mercy Health/St. Rita's Medical Center demonstrates behaviors reflecting our core values of compassion, excellence, human dignity, justice, sacredness of life and service.

ATTITUDE

- I will treat everyone with empathy, honesty, compassion, courtesy, and sincerity.
- I will treat all appropriate information I gain as confidential.
- I will take pride in myself and my work by being attentive and focused on all my interactions.
- I will strive to provide timely and prompt service.
- I will apologize for delays.

TEAMWORK

- I will achieve balance between presenting my own solutions to problems and accepting the ideas of others.
- I will maintain focus on the care of our residents/patients by resolving conflict and setting aside differences.
- I will demonstrate a positive attitude and give feedback especially when coaching fellow employees on performance issues.

OWNERSHIP

- I will take pride in my workplace and accept responsibility for the work that I do.
- I will take an active role in using resources effectively, efficiently and responsibly.
- I will strive to be a part of the solution.

INTEGRITY

- I will take responsibility of my actions and be truthful.
- I will respect all those individuals we serve.
- I will strive to consider my conscience when making decisions.

APPEARANCE

Personal Appearance:

- I will dress according to the written dress code and policies and take pride in my appearance.
- I will wear my name tag at all times, ensuring that my name and facility is easily visible.

Facility Appearance:

- I will keep my personal work area neat and organized.
- I will return equipment to its proper place.
- I will keep personal items in appropriate areas.

COMMUNICATION

- I understand that I communicate daily through a number of different methods including face to face conversation, phone conversation, written communication and electronic messaging. With this in mind:
- I will listen attentively.
- I will be aware of and attempt to avoid distractions while communicating.
- I will strive to anticipate the needs of those with whom I interact.
- I will respond appropriately in a timely manner, friendly and empathetic manner.
- I will be aware of the messages my non-verbal language can send, such as the tone I use, the stature I take, and the eye contact I use in my communication.

Project SEARCH Candidate Name [Print] _____

Project SEARCH Candidate Signature [Sign] _____ Date: _____