



Internship Application

2021

In partnership with:

Aultman Hospital

Opportunities for Ohioans with Disabilities

Stark County Boards of DD

Siffrin, Inc.

Selection Process Guidelines

1. Submit your resume and the completed application by to:

Paula Kovach, M.Ed., CRC
Assistant Director, Service and Support Administration
Stark DD Board
2950 Whipple Ave.
Canton, OH 44708
330-479-3940

2. Completing this application does not guarantee placement.
3. The Selection Committee will only accept fully completed applications with resumes attached. Any incomplete application will be disregarded and the Intern Candidate will not be accepted.
4. **Candidate must be a non-smoker/tobacco user.**
5. If application is selected, candidate will participate in an interview with the selection committee. Four candidates will be chosen for the internship positions.

Final acceptance is contingent upon the completion of the following:

- _____ Two-step TB testing (Completed by Aultman)
- _____ Proof of Covid-19 Vaccination
- _____ Background/Criminal Check (Completed by Aultman)
- _____ Successful completion of two-day Orientation presented by Siffrin, Inc.
- _____ Successful completion of all required Aultman testing (HIIPA and Safety).

PERSONAL DATA

Name: Last First Middle

Address: Street City Zip

Candidate Phone: Email:

Preferred Method of Contact: Do you Have a Legal Guardian No Yes

Date of Birth: Choose one (optional) Male Female Prefer not to disclose

SSA Name:

Parent Information Natural Support Information

Name: email:

Address: Street City Zip

Phone: Preferred method of contact:

Guardian Information Same as above

Name: Email:

Address: Street City Zip

Phone: Preferred method of contact

Agency You are Employed With

Intern Candidate Information

1. Universal Release: The candidate's application and resume information transferred to Siffrin, Inc. and Partners.
2. Equal Opportunity: Placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances is entitled to equal opportunity for educational development.

Intern Signature **X** Date

GuardianSignature **X** Date

Future Employment Preferences and Background

What is your career of interest?

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

- Full-time Part-time

Transportation: How do you plan on getting to work?

- Drive Self Proline NMT Family SARTA Other/Need Help

Intern Response Question

Why do you want to participate in _____? (Complete in your own words and/or person assisting will write the responses in the student's own words)

Assistance

The person assisting the applicant to complete this application is:

Name Title

Organization

Phone Number Email Address

Signature **X** Date

Paste your resume here or provide a copy along with the completed application.

Intern Contract

****This contract will be added to your file IF you are accepted into the program.***

Read the student contract below and sign and date.

I, , understand that if I am accepted into the internship program and must abide by the following terms and conditions:

- I will complete three paid job internships at Aultman Hospital.
- I will attend the program every day from **8:00 am- 2:30 pm** (*subject to change*), Monday through Friday.
- I will dress appropriately and wear required uniform.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will follow all the rules established by the program at Aultman Hospital.
- I will attend monthly scheduled meetings with my Rehabilitation Counselor, Skills Trainers, and Stark DD staff.
- I will be an active participant and communicate any issues at our monthly meetings.
- I will actively pursue employment.
- I understand that while completing my internship at Aultman, it is expected that I will receive an influenza vaccination.

I have read the above terms and conditions and agree to accept my placement in the _____ program. I understand that I may be asked to leave my internship if I fail to follow the terms and conditions.

Intern Signature **X** Date

*If Applicable
Guardian Signature **X** Date