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# DSP Academy Application

**Application Purpose & Guidelines**

The purpose of this application process is to determine the skill set of each DSP Academy applicant. This application enables the section committee to properly assess each applicant’s skills, abilities, and employment-related experiences. The applicant, or someone who knows the applicant well, may be contacted by a member of the selection committee to gather additional information. Our final goal is to select participants who will be successful in the DSP Academy program and reach the outcome of competitive employment as a Direct Support Professional.

**The Selection Process includes the following general guidelines:**

1. Hand deliver, mail or email the completed application no later than Friday, March 22nd, 2019. Applicants will be notified of their status by April 1st, 2019.

RCM of Washington, Inc.

C/O: DSP Academy

64 New York Avenue NE

Ste. 100

Washington, DC 20002

1. The application process is organized into two parts:
* The timely completion of the application and supporting documents
* Individual interview
1. After each applicant has completed the application process, the selection committee will determine who has been accepted into the program. Letters of acceptance or denial will be mailed or emailed to all the applicants.
2. If accepted, the DSP Academy participant will be contacted with program details. Participants must acquire a health certificate, which will be provided to each participant upon acceptance into the cohort and must be completed prior to the Academy start date.

**DSP Academy Entrance Criteria**

* Have recently graduated or be on course to graduate at end of semester.
* Be between the ages of 18 and 21 years old.
* Have an IEP, 504 plan or be eligible for RSA services, or be a participant in the DCPS Career Bridge program.
* Be eligible to work in the United States.
* Have previously exhibited appropriate behavior and social skills in school and/or the workplace.
* Competent with basic computer literacy and able to complete daily documentation
* Must have patience, tact, cheerful disposition, and enthusiasm with people
* Must be able to obtain a health certificate endorsed by a physician
* Must be able to lift weights of at least sixty (60) pounds
* Must be comfortable navigating the DC Metro area using public transportation, driving is a plus
* Pass a drug screen, criminal background check and TB test
* Have all immunizations up to date
* Follow RCM of Washington’s dress code and be suitably groomed during work hours.

# DSP Academy Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- | --- | --- | --- |
| Full Birthdate(DD/MM/YYYY: |  | Student ID #.: |  |

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| School & SPED Coordinator Contact Information: |  |

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| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

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| Are you able to pass a drug test? | YES[ ]  | NO[ ]  |  |

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| If no, explain: |  |
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## Emergency Contacts & Medical Information

**Please list two emergency contacts**:

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| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- |
| Full Name: |
|  | Last | First | M.I. |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

**Allergies:**

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***Why do you want to participate in the DSP Academy? (You may attach a sheet a paper if you need more space.)***

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***Do you have any previous work experience? Please explain.***

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***What skills do you possess that will be useful in the role of Direct Support Professional?***

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| ***Do you have reliable transportation? Explain how you get around.*** |  |  |
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***Do you require any accommodations? If so, please explain.***

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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my participation in the DSP Academy, I understand that false or misleading information in my application or interview may result in my release.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |