



PROJECT HIREMe

INNERVISION | www.innervisionga.com
Serving Georgia | 404.382.7407

Application for Admission

Please Select One (1):

New enrollment

Re-enrollment

Please select which program you are applying for:

Concessions Training

Walgreens' REDI

Work based Learning Internship Program

General Applicant Information

Name: _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone _____ Alt# _____

Male _____ Female _____ Ethnicity _____

Parent _____ Phone # _____ Alt# _____

Email _____

Can applicant pass a criminal background check: Yes No

Guardianship Information

Guardianship: Yes _____ No _____ In progress _____

Guardian _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ CellPhone # _____

Email _____

Agency Provider (If Applicable)

Agency _____ Case Manager _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

Level of Need (If Applicable)

(Please check one)

1 _____ 5 _____ 6 _____ 8 _____ 10 _____

Living Situation

Home _____ Independently _____ Group Home _____ Residential Facility _____

Transportation

Drives _____ Family _____ Metro _____ Uber/Lyft _____ Group Home _____

Medical

Diagnosis _____

Does applicant have any physical disabilities: Yes _____ No _____

If yes, please explain _____

Can applicant take his/her own medication: Yes _____ No _____

Does applicant need any special equipment or considerations: _____ Yes _____ No

If yes, please explain _____

Does the applicant have any additional social limitations we must be aware of, please list:

****A copy of the applicant's diagnosis is not necessary if the referring source is a disability related organization.**

Education

_____ HS Diploma

_____ GED

_____ Tech/College

Please list the names of each school attended and highest level of completion

School Name

Dates of Attendance

1 _____

2 _____

3 _____

Applicant Employment History

Does applicant have any prior employment history? _____ Yes _____ No

If yes, please complete the provide information below:

Employer	Job Title /Responsibilities	Start Date-End Date

How did you hear about the INNERVISION’s Project HireMe Program?

Additional Information

(Please list any additional information that you feel would be important)

I attest that all information provided is true to the best of my knowledge. I understand that intentionally omitting or falsifying information can lead to immediate termination from INNERVISION’ Project HireMe Program.

Applicant Signature

Date

Parent or Guardian (If applicable)

Date

Completed and signed applications may be submitted to:

Email: letstalk@innervisionga.com (*CONCESSIONS applications*)

**Submitting Application Does Not Guarantee Acceptance Into
INNERVISION's PROJECT HIREMe PROGRAM**