



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Employment and Independence  
for People with Disabilities



CENTRAL PIEDMONT  
COMMUNITY COLLEGE

Project | SEARCH®



**INREACH**  
Empowering people with disabilities to live life their way

# Application for Project SEARCH at the Atrium Hilton

Name: \_\_\_\_\_

Date Received (office use only): \_\_\_\_\_

The purpose of this application packet is to outline the skill sets of the Project SEARCH student candidate. This application enables the Selection Committee\* to properly assess each student candidate's skills, abilities, and background. A parent, student, counselor, teacher, or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select students who will be successful in the Project SEARCH program and reach the outcome of competitive employment.

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

1. Submit the completed application by April 25, 2025 by 3:30 p.m. to:  
Lisa Hailey, Coordinator Instructor, CPCC  
Central Campus, North Classroom Building 1119, CPCC Central Campus,  
1320 Sam Ryburn Walk 28204  
Lisa.Hailey@cpcc.edu  
or  
Theresa Baxter or Benny Perez, Division of Employment and Independence for People  
with Disabilities  
5501 Executive Center Drive, Suite 101  
Theresa.Baxter@dhhs.nc.gov or Benny.Perez@dhhs.nc.gov 980-296-6748
2. The Selection Committee will review the applications, and, if accepted, match the student skill sets and interests with the 2025-2026 Project SEARCH Program. In person interviews will be conducted with the selection committee,
3. If accepted, an Individual Plan for Employment (IPE) will be developed for the 2025-2026 school year.
4. A psychological evaluation must be included with the packet.

**Please note:**

\*The Selection Committee will include representatives from:

- Atrium Hilton (the host business),
- Division of Employment and Independence for People with Disabilities,
- InReach and Project SEARCH, and
- Central Piedmont Community College.

**Requirements:**

1. Minimum age requirement for students is 20-years-old
2. Must benefit from participation in a variety of internships
3. Must have an interest in using public transportation to access Project SEARCH
4. Must desire to work competitively at the end of the Project SEARCH internship program
5. Must be eligible for services through Vocational Rehabilitation
6. Must meet CPCC testing requirements
7. IDD diagnosis is a requirement
8. Candidates are expected to have the capacity to work independently in the classroom and in the internship
9. Candidates must have the ability to physically and independently navigate the internship site safely

**\*PLEASE NOTE\***

**APPLICANTS MUST SUBMIT A COMPLETED APPLICATION AND A COPY OF PHOTO ID FOR CONSIDERATION**

- ☐ Completed Application Packet
- ☐ Copy of Photo ID (government issued ID with photo)
- ☐ Most Current placement test scores (provided by CPCC or completed after Selection Committee accepts student into Project SEARCH)
- ☐ Attendance Recommendation (provided by CPCC)
- ☐ Career Assessment (provided by NC Vocational Rehabilitation)
- ☐ Psychological evaluation

**Students selected for the program must complete a background check and criminal record check before the internship begins.**

**Vocational Rehabilitation and InReach will assist each selected student to get the background and criminal record check done. Students who are selected to be in the internship program may be asked to sign a Liability Waiver (provided by InReach).**

**In addition, every student must provide proof of immunization records, take a TB test at Atrium Health before starting the class and the internship, get a flu shot this fall, and follow all Covid-19 protocols as required by Hilton at Atrium Hospitality.**

**Schedule of Activities:**

- In-person information session for students and parents held on Friday **April 4, 2025** at the Hilton: **2800 Coliseum Centre Drive, Charlotte, NC 28217** from 10-11:30 AM.
- Applications due on Friday, **April 25, 2025 by 5pm.**
- Selection Committee will review applications on **May 9, 2025.**
- In-person interviews will begin on **Thursday, June 12, 2025**
- Acceptance letters sent out to candidates and families **in June 2025**
- Vocational Rehabilitation will begin to open eligible cases soon after candidates are selected.
- Class begins at Atrium Hilton in **August of 2025**
- Internships begin in **September of 2025\***

*\* Internships may be staggered to begin over two weeks beginning in September*

**For more information contact:**

Robin Garcia, Project SEARCH Program Coordinator rgarcia@inreachnc.org 704-412-1188

## A. Personal Data

Last Name	First Name	Middle Name
Street Address		City Zip Code
(OPTIONAL) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Birth Date _____		Phone Number
Name of High School		Years of High School Completed
Do you have a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to certificate or diploma, please list: _____		
Parent/Guardian Name		Parent/Guardian Email
Parent/Guardian Address		City Zip Code
Parent/Guardian Home Phone		Parent/Guardian Work Phone

### Parent/Student Information

1. Release: The student records will be released to CPCC, Atrium Hilton, InReach, and NC Vocational Rehabilitation.
2. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.

**A two-week trial period will be required of all accepted enrollees. The student and parent/guardian agree to comply with this procedure.**

## B. Future Employment Preferences and Background

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

Full time ☐ Part time ☐

Which shift would you prefer working after graduating from Project SEARCH?

1<sup>st</sup> Shift ☐ 2<sup>nd</sup> Shift ☐ 3<sup>rd</sup> Shift ☐

Would you be willing to work holidays and/or weekends?

Yes ☐ No ☐

Are you currently employed?

Yes ☐ No ☐

Do you plan to work during the school year, in addition to being in the Project SEARCH program?

Yes ☐ No ☐

If yes, where? \_\_\_\_\_

If yes, how many days/hours? \_\_\_\_\_

## C. Job History

Employer Name	Dates of Employment	
Job Title	Supervisor Name	Supervisor Number
Job Duties		

Employer Name	Dates of Employment	
Job Title	Supervisor Name	Supervisor Number
Job Duties		

Employer Name	Dates of Employment	
Job Title	Supervisor Name	Supervisor Number
Job Duties		

Have you ever been fired from a job? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Have you ever quit a job? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

#### **D. Services Agencies**

Do you currently have a vocational rehabilitation counselor, or have you had a vocational rehabilitation counselor in the past?

Yes ☐ No ☐

If yes, name and number? \_\_\_\_\_

Are you eligible for services from Alliance Health?

Yes ☐ No ☐

Do you currently or have you had a Care Manager in the past?

Yes ☐ No ☐

If yes, name? \_\_\_\_\_

If yes, number? \_\_\_\_\_

Are you involved with any other agency/service provider?

If yes, name and number? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Do you have Medicaid?

Yes ☐ No ☐

#### **E. Independent Living**

List any health or medical issues that might impact your internship experience.

\_\_\_\_\_

\_\_\_\_\_

List any non-health or medical issues that might impact your internship experience (transportation, etc.).

\_\_\_\_\_

\_\_\_\_\_

Do you need accommodations to have a successful internship experience?

Yes ☐ No ☐

If yes, what supports do you have in place already? Please explain.

How will you get to your internship?

City Bus ☐Special Transportation (STS) ☐Car ☐Other ☐

If other, explain:

Why do you want to come to Project SEARCH? (Complete in your own words. If someone is assisting the student with writing, the response should still be in the student's own words.)

[illegible]

List two personal references.

Name	Phone Number	Email Address
Name	Phone Number	Email Address

List one reference from an agency or the community.

Name	Phone Number	Email Address
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**The person assisting the student to complete this application is:**

Name	Organization	Title
Phone Number	Email Address	
Signature	Date	

## Project SEARCH Student Contract

**Read the student contract below and sign and date.**

I, \_\_\_\_\_, understand that, if accepted into the Project SEARCH program, I must abide by the following terms and conditions:

- I will complete **up to three unpaid job rotations** within the host business.
- I will attend the program every day from 8:00 am - 2:30 pm, Monday through Thursday. \*
- I understand that the Project SEARCH program correlates with the Central Piedmont Community College calendar.
- I will dress appropriately and wear the required attire.
- I will follow the attendance policy and come to class on time.
- I understand that I am responsible for transportation to the host site.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will attend meetings with my rehabilitation counselor, parent/guardian, teacher, and business staff.
- I will be an active participant and communicate any issues at meetings.
- At completion of the program, I will receive my certificate of achievement from CPCC.
- I will actively pursue employment at the end of the internship.
- I will follow the CPCC Student Code of Conduct

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

**\*During the first two to three weeks of the program, students will attend the program at 12 pm, expect to dismiss around 2:30 pm unless your internship has started.**

**MY SIGNATURE INDICATES THAT I UNDERSTAND THE PROJECT SEARCH STUDENT CONTRACT**

Student Signature	Date
Parent/Guardian Signature	Date



## Vocational Rehabilitation Referral Form

Date \_\_\_\_\_ County of Residence \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Last School Attended (if under 23) \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a guardian?

Yes ☐ No ☐

If yes, name? \_\_\_\_\_

What is your disability and how does it limit you?

\_\_\_\_\_

Do you want a job now? Yes ☐ No ☐

What services are you interested in?

Preparing for/find a job ☐ Transitioning from school or work ☐ Maintaining a job ☐

Are you currently in treatment?

Yes ☐ No ☐

If yes, where? \_\_\_\_\_

What services are you requesting from VR?

\_\_\_\_\_

Have you ever received VR or IL Services from another agency?

Yes ☐ No ☐

If yes, what? \_\_\_\_\_

Have you applied for or are you already receiving services from other agencies?

SSI ☐ SDI ☐ Food Stamps ☐ Medical/Mental Health Treatment ☐ None ☐

Are you already receiving, or have you ever received services from NC VR?

Yes ☐ No ☐

If yes, where and when? \_\_\_\_\_

Do you have any pending criminal charges or a criminal history?

Yes ☐ No ☐

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

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Referral Received Date

Caseload Assignment

Intake Schedule Date/Time

Notes

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