Liberty's Station Internship Program
Initial Application for Adults with Disabilities
Serving individuals with employment obstacles through meaningful job training and placement by developing their God-given potential.

We are so pleased you are applying to be a Liberty's Station intern! Please refer to the 'Internship Information: Adults with Disabilities' document for more information about Liberty's Station and the internship program prior to completing this application. If you are seeking employment and experience other obstacles to employment such as being justice-involved, a veteran, addiction recovery, etc., please complete the 'Initial Application for Adults with Employment Barriers' form.

To assist in meeting our mission and objectives, please take a moment to review the following criteria to ensure the applicant is eligible for our internship program.

Applicants with a disability must:
- have a primary diagnosis of a developmental disability (may include Autism and/or diagnosed physical disability
- be at least 18 years old
- be able to take care of his/her own personal needs and self-help (dressing, eating, toileting, etc.) with no or limited assistance
- be able to communicate basic needs verbally or nonverbally and have adequate receptive language
- be able to follow one-step directions
- have the social skills to interact positively and appropriately with others
- have no significant behavioral needs
- be able to ambulate with or without an assistive device or use wheelchair with assistance
- have reliable transportation to and from Liberty's Station
- have a social security number

PERSONAL INFORMATION

Today's Date:_____

Applicant's Last Name	Applicant's First Name	Date of Birth
Current Address		
Applicant's Phone Number	Applicant's Email Address	

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Referred by	Referral Contact Information	
Mother/Conservator Name (circle one)	Address (if different from above)	Phone Number
Father/Conservator Name (circle one)	Address (if different from above)	Phone Number

Please specify current employment barrier:

_____

_____

_____

_____

Applicant, why would you like an internship at Liberty's Station, and how would you be a valuable member of the team?

_____

_____

_____

_____

Are you currently under the care of a parent/guardian?
If yes, Parent/Guardian, what goals do you have for your applicant while at Liberty's Station?
Why do you think the applicant is a good fit for our program?

_____

_____

_____

_____

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EDUCATIONAL HISTORY

Please tell us about your educational experience and highest level accomplished/degree or diploma earned:

_____

_____

_____

Dates of Education	Institution & Location	Education Level	Contact Name & Phone
From: To:			
From: To:			
From: To:			

EMPLOYMENT, VOLUNTEER, AND/OR JOB TRAINING HISTORY

Please tell us about your most recent or relevant employment, volunteer, and job training experiences.

If you do not have work or volunteer experience, what would be your ideal job in the future?

_____

_____

_____

Dates of Employment	Employer & Phone Number	Position	Contact Name & Phone
From: To:			

From: To:			
From: To:			

May we contact your previous employer or job training organization? □Yes □No

If No, please explain:

_____

_____

REFERENCES

Please provide at least one service provider (i.e. job coach, teacher, direct supervisor) or work related reference. If not applicable, please list a close relative other than parent or guardian.

Reference Name	Phone Number	Relationship to Appl.	Years Known

By signing below, you affirm that all information provided in this application is as complete and accurate as possible. You understand that the Liberty's Station internship is a job training program and does not guarantee employment at Liberty's Station or in the community. You are aware that in order for an applicant to participate in this internship, the applicant must meet the eligibility criterion listed in this application.

Print Applicant's Name _____

Applicant Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

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Once the initial application has been reviewed, the applicant will be called in for an interview. If the applicant appears to be a good candidate for our internship program, a secondary application must be completed with more detailed information and then the assessment process will begin. Assessment will be conducted by our occupational therapy team and may require 1-3 sessions. Once the applicant has been deemed appropriate for our internship program, a hiring ceremony will be held and the uniform will be presented.

Interns will be required to wear a uniform: Liberty's Station will provide the men with a button-down shirt and cap. Interns will need to provide their own black pants and belt, black socks, and slip resistant, closed-toe, black shoes. Female interns will be provided with an apron and bandana. They will also have to provide their own chambray/denim button-down blouse. If the applicant is unable to provide the components of his/her uniform, please contact us for assistance as this should not be a barrier to seeking employment.

Please email the completed application to:
Liberty's Station: info@LibertysStationTN.org

If unable to email the application:
Mailing address: Liberty's Station
2441-Q Old Fort Pkwy # 453, Murfreesboro, TN 37128

Liberty's Station is committed to equal employment and volunteer opportunity without regard to age, ancestry, disability, national or ethnic origin, race, sex, marital status, political belief, or veteran status.

VOLUNTARY AND CONFIDENTIAL SELF-IDENTIFICATION OF DISABILITY

The mission of Liberty's Station is to serve individuals with employment obstacles through and placement by developing their God-given potential. We are a progressive workforce pipeline where 90% of the employees have intellectual and developmental disabilities (IDD), physical disabilities, or other employment barriers. Employees are assessed, trained, and gain work experience to then confidently acquire long-term community employment. Completing this form is voluntary, but would assist us in meeting our goals and to measure how well we are doing. This information will be kept private and confidential.

Please check on the responses below:
□ Yes, I have a disability □ No, I do not have a disability □ I do not wish to answer

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____