



Application for Admissions

**Return completed
application to:**

Liberty Resources Academy
ATTN: Admissions
714 Market Street
Suite 100
3rd Floor
Philadelphia, PA 19106

If you need help completing this application, call (215) 634-2000 and ask for Admissions.

| | | | |
|---|---|--|--|
| Date of Application: | Your Name (Last, First, Middle): | | OVR/BVS Counselor? What is their name and phone number? |
| Street Address: | | City, State & Zip: | |
| Other Case Worker/Case Manager Name: Agency: | | Date of Birth: | Vet? <input type="checkbox"/> Y <input type="checkbox"/> N Branch? Discharge date: |
| Social Security Number: | Home Phone: | Cell Phone: | Other Phone: |
| Email address(es): List all that you have. | | Emergency Contact: | Facebook name: |
| Are you 18 years of age or older? | <input type="checkbox"/> Y <input type="checkbox"/> N | | If NO, what is your current age? |
| Are you currently on SSI? SSDI? | <input type="checkbox"/> SSI <input type="checkbox"/> SSDI | | Do you have a High School diploma? <input type="checkbox"/> GED? <input type="checkbox"/> Other? <input type="checkbox"/> |
| Are you related to any current (student/employee)? | <input type="checkbox"/> Y <input type="checkbox"/> N | | If YES, their name & their relationship to you? |
| What is your means of Transportation: | | <input type="checkbox"/> Septa <input type="checkbox"/> Car <input type="checkbox"/> ParaTransit | |

How did you learn about this Training opportunity? Check all that apply:

- Postcard
 Walk-in / Website
 Office of Vocational Rehabilitation / BVS
 Ad
 Referral by employee or Friend
 Other:

EDUCATION

| Name of School | City/State | Did you graduate? | If Yes, date of Graduation | Degree received | Major |
|----------------|------------|---|----------------------------|-----------------|-------|
| High School: | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| GED: | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Other School: | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| College: | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the type of work that you are looking for.

SKILLS: Please list technical skills, clerical skills, trade skills, etc. Include computer systems and software packages you can use and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE- Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. ONLY LIST EMPLOYMENT POSITIONS IF YOU HELD THEM FOR AT LEAST 1 YEAR.

| | | |
|---|---|---------------------|
| Dates Employed (most recent position) From: To Name of Organization: | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time | Title: |
| Primary duties: | | Reason for Leaving: |
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| Primary duties: | | Reason for Leaving: |
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| Primary duties: | | Reason for Leaving: |

What are you looking to gain from attending the Academy? Skills are you looking to fulfill?
Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Resume Preparation | <input type="checkbox"/> Operating Basic Office Equipment | <input type="checkbox"/> Math Skills |
| <input type="checkbox"/> Business Communication | <input type="checkbox"/> (Copiers/Fax/Multiline Phones, etc.) | <input type="checkbox"/> Interview Skills |
| <input type="checkbox"/> Reading Skills | | <input type="checkbox"/> Confidence |

What activities are you currently involved in during your free time?
(Such as community/church organizations, professional organizations, groups):

Is there anything else you would like to tell us about yourself?

Disclaimers & Verification

Privacy Policy:

The Academy at Liberty Resources will keep confidential information collected on this application and will not share your information with others without your permission. We may share any type of information as required by law.

Equal Opportunity:

The Academy at Liberty Resources is an equal opportunity program that has procedures in place to ensure equal access and fair treatment to all individuals. The Academy complies with all applicable civil rights laws. Admission, program and personnel issues are administered without regard to race, color, sex, age, religion, national origin, sexual orientation, disability or veteran status. The academy is committed to taking appropriate affirmative action to ensure that individuals with disabilities, particularly those who are members of traditionally under-represented groups, receive full access to all programs and services.

I understand that any misrepresentation of facts on this application may be a cause for refusal of admission, dismissal or other disciplinary action if subsequently discovered. I also represent that the information contained on this application is correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

TOT Participation Date: _____

**This section is for Academy staff use only.
Applicants are asked not to write in this section.**

| | |
|--|--|
| TOT Intake Evaluator: | |
| Initial Goal (FT/PT) | |
| Resources Discussed and I&R Materials offered | |
| Release Obtained | |
| Functional Needs and Initial AT Review | |
| Expressive (0-100 – relative to goal) | |
| Receptive (0-100 – relative to goal) | |
| Professional (0-100 – relative to goal) | |
| Technical(0-100 – relative to goal) | |
| Enroll in Art Program? | |
| Refer to CIL Core Services? | |
| 30/60 Day Career Exploration Date: | |
| Notes on TOT participation: | |
| Alerts: | |
| Application Recommendation: | |