



CUSTOMIZED EMPLOYMENT PUBLIC INTERN Application Procedures

- Please review the attached TASK LIST CHECKLIST (Position Description).** *Each list of duties (and subsequent skills required) represents one or more potential positions for interested and qualified candidates.*
- Place a check (✓) next to each task on the list of duties that you are interested in and are able to do.** *Candidates must be prepared to demonstrate the ability to perform tasks (with or without reasonable accommodation) in order to be considered for the position.*
- Complete the attached INTAKE APPLICATION form.** *Forms that are incomplete will delay the interview process.*
- Attach a copy of your most recent resume.** *This is required by Montgomery County Government.*
- Be prepared to submit **Proof of Disability (POD).** *This is required by Montgomery County Government. Examples include: Schedule A letter, IEP, DDA letter, letter from supporting agency, etc. **You do not need to send in your POD with your application. You will need it if you are selected for the position.***
- Email or Fax your complete application packet to: (EMAIL PREFERRED)**
Marie Parker
Email: mparker@montgomeryworks.com
FAX: 301-933-4427 FAX
- Upon receipt of the complete application packet, you will receive a call to schedule a preliminary interview.** All first Interviews will be conducted at:

*MontgomeryWorks
Westfield South Office Building
11002 Veirs Mills Road, Ste 100 (First Floor)
Wheaton, Maryland 20902*

Should you have any questions or require additional assistance,
please contact Marie Parker at 240-283-1574.

Montgomery County Customized Employment Public Intern Partnership

*Montgomery County Department of Health and Human Services • Montgomery County Department of Economic Development,
Division of Workforce Services • Montgomery County Office of Human Resources • MontgomeryWorks • TransCen, Inc.*



**Montgomery County Public Intern
INFORMATIONAL INTAKE FORM**

APPLICANT INFORMATION	
NAME:	
ADDRESS:	
PHONE #:	E-MAIL:
SSN:	GENDER:
AGE:	DATE OF BIRTH:

DISABILITY CATEGORY (Self-disclosed)	
Select all that apply, circle primary	
<input type="checkbox"/> Mobility/Orthopedic/Physical Describe: _____	<input type="checkbox"/> Cognitive Intellectual
<input type="checkbox"/> Psychiatric/emotional Describe/Specify _____	<input type="checkbox"/> Blind/Visual Impairment
<input type="checkbox"/> Deaf/hearing Impairment Interpreter required: YES NO	<input type="checkbox"/> Speech/communication Impairment
	<input type="checkbox"/> Learning Disability, Add, ADHD
	<input type="checkbox"/> Other: _____

SUPPORT SYSTEM	
Who assists you when you need help? (Family, job coaching, therapy, residential, etc.)	
Name/Agency/Service:	Contact Information: (Ph/Email)
Name/Agency/Service:	
Name/Agency/Service:	

CHALLENGES/NEED HELP WITH	SOLUTION/ ACCOMODATIONS
Physical:	
Learning:	
Social:	
Communication/Speech:	
Other:	

ADDITIONAL INFORMATION
What is your mode of transportation?
Why do you want to work?
What are your ideal work hours?
Do you have any concerns about losing benefits?

SKILLS AND ABILITIES	(OFFICE USE ONLY)
Dexterity	
Lifting	
Standing	
Math	
Reading	
Writing	
Computers (Data entry, software programs, formatting, etc.)	
Filing (Manual ability to file, alphabetical/ numeric indexing)	
Interpersonal/Customer Service/Social Skills	
Communication/Speech	
Other?	

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