

"Employment IDOL" Application Form



**All entries must be received/post marked
by November 14, 2008 to be considered.**

Your Name:

Phone Number:

Your Address:

1. Where do you work? (Name of Company and address)

2. What is your job title?

3. What are your job responsibilities?

4. How long have you worked at this job?

5. What kind of support do you get at this job?

6. Explain why you deserve to be the **Employment Idol**. (What makes your job or situation unique?)

Examples:

-I use adaptive equipment at my job.

-My co-worker(s) provide work supports.

-This is the first time the company has hired a person with a intellectual disability.

-This job was created (customized) just for me.

7. Will you be available for future videotaping if you are selected to be one of the ten people to be videotaped?

_____ Yes

_____ No

8. May we use your employment success story for other purposes?
(Example newsletter articles, speaking engagements, etc.)

_____ Yes

_____ No

Your Signature: _____

Please feel free to complete your application either by written form or by recording your answers on a cassette tape or CD. Be clear with your application. Pictures are welcome if this assists you in completing the application.



Submit Employment Idol Application by mail to: Beth Aura Miller, DDS, 250 Freight Street, Waterbury, Ct 06702 Atten: Employment Idol or email your application to: bethaura.miller@ct.gov