



THE MAJOR GROUP

A highly specialized employment service bringing experience, dependability, difference to the workplace.

4815 S. Harvard Ste 590
Tulsa, OK 74135
918-632-0844

APPLICATION FOR ENROLLMENT

Application Date: _____ DOB: _____

I. Vital Information:

Legal Name of Applicant: _____

Address: _____ Apt _____

City _____ State _____ Zip _____

Phone: _____ Secondary Number: _____

Social Security Number: _____ Present Age: _____

II. Family Information:

Mother's Name: _____

Father's Name: _____

Emergency contact information: Name _____

Relationship _____ **Daytime phone number** _____

Nighttime phone number _____ **Address if different than any listed below:** _____

Mother's Address: _____ **Home Phone:** _____

_____ **Work Phone:** _____

Father's Address: _____ **Home Phone:** _____

_____ **Work Phone:** _____

Mother's Occupation and Place of Work:

_____ **Phone:** _____

Father's Occupation and Place of Work:

_____ **Phone:** _____

III. Legal Guardian:

Does Applicant have a court appointed Guardian? _____ **Yes** _____ **No**

If yes to above, TMG requires a copy of court decree. _____ **Yes** _____ **No**

Name of Legal Guardian: _____

Address: _____ **Home Phone:** _____

_____ **Work Phone:** _____

Relationship to Applicant: _____

V. Type(s) of Government Assistance:

1. Supplemental Security Income (SSI): Yes No

Amount: _____

2. Social Security Disability Income (SSDI): Yes No

Amount: _____

3. Aid to Disabled (AD): Yes No

Amount: _____

4. Food Stamps: Yes No

Amount: _____

5. Aid to Families with Dependent Children (AFDC): Yes No

Amount: _____

6. Veteran's Administration Benefits (VA): Yes No

Amount: _____

7. Bureau of Indian Affairs (BIA): Yes No

Amount: _____

8. Other Income: Yes No

Amount: _____

VI. Type(s) of Services requested:

____ Job Placement

____ Workshop

____ Supported Employment

VII. Education:

1. List all schools attended by Applicant:

School Name:

Dates Attended

a) _____

b) _____

c) _____

3. Did applicant graduate from High School? ____ Yes ____ No

4. Date of Graduation: _____

5. Did applicant attend special education courses? ____ Yes ____ No

5. Additional Education:

Technological: _____ Area of Study _____

Year Graduated _____

College: _____ Area of Study _____

Year Graduated _____

VIII. Eligibility:

1. Applicant's age at onset of disability: _____

2. Has applicant had a Psychological Evaluation?

_____ Yes _____ No if yes date: _____

3. Is a copy of applicant's psychological evaluation available?

_____ Yes _____ No

4. List any Diagnosed Disabilities:

5. How has that affected your ability to work and find a stable work
enviroment? _____

6. Has applicant ever been physically aggressive toward his/her self or others?*

_____ Yes _____ No

7. List any special interventions to be taken by staff in working with applicant:

IX. Medical:

1. Does applicant have any physical limitations?

_____ Yes _____ No

If yes, please describe: _____

2. Does the applicant have any history of the following:

Heart disorder _____ Yes _____ No

Speech Impairment _____ Yes _____ No

Visual Impairment _____ Yes _____ No

Hearing Impairment _____ Yes _____ No

Special Diet _____ Yes _____ No

Seizures _____ Yes _____ No

Diabetes _____ Yes _____ No

3. Does the applicant currently take any medications? (Prescribed or otherwise):

_____ Yes _____ No

Please list all medications on next following page...

IX. Medical (Continued):

4. If yes, please list all medications and frequency:

Name of Medication	Dosage	When taken	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X. Employment Experience:

Please list any previous employment experiences in the community:

_____ Name of Company	_____ Dates of Employment
_____ Position Held	_____ Wage
_____ Name of Company	_____ Dates of Employment
_____ Position Held	_____ Wage
_____ Name of Company	_____ Dates of Employment
_____ Position Held	_____ Wage