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# RPA Program Application

APPLICATION PROCEDURES

**APPLICATION PACKAGES MUST BE COMPLETE TO BE CONSIDERED. A COMPLETE APPLICATION PACKAGE INCLUDES:**

1. Complete and signed, RPA Program Application Form
2. A completed letter of recommendation from someone **other than a relative** – Form included
3. Documentation of a disability diagnosis.
* Students should complete the application as independently as possible.
* Applications can be typed or printed neatly.
* If you require an accommodation to complete the application, please contact LASinfo@usf.edu
* Application and materials can also be emailed to LASinfo@usf.edu
* You will receive an email to confirm that we received your application. Please do not call about your application's status, as we cannot provide that information over the phone.
* Selected applicants will be asked to complete a personal interview.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | DOB: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently employed? | YES[ ]  | NO[ ]  | If yes, where? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

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| --- | --- | --- | --- |
| High School: |  | Address: |  |

Circle one: ESE diploma – Standard Diploma – GED – N/A

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| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## References

Tell us a little about yourself.

1. Do you receive any support or services from other agencies?
 If so, please list the agency and type of service or support:
2. Are you a client of Florida Vocational Rehabilitation Services? If so, please list the name, phone number, and email address of your Vocational Rehabilitation Counselor:
3. Why are you interested in attending the Robotics Process Automation Program?
4. What type of employment do you plan to pursue after the program?
5. How did you hear about this program?

## Employment Experience

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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Job Title: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Job Title: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

## Accommodations

Diagnosed Disability(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us how we can support you to participate in the Robotics Process Automation program. Are there specific accommodations (for example: physical accessibility, sensory considerations, interpreters, assistive technology, etc.) you will need to fully participate?

\*Please submit in your application any documentation of disabilities and/or accommodations that have worked for you recently in a similar setting.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I agree to meet the expectations listed below if I am accepted into the Robotics process Automation program:

1. To complete all course work, and activities required.
2. To attend all scheduled classes, activities, unless there is an excused absence.
3. Request assistance when needed and maintain a professional demeanor.

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| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |

Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_