BOTSIQ UNIQUELY ABLED ACADEMY®

CNC Operator Training Program Application

PROGRAM OVERVIEW

The BotsIQ Uniquely Abled Academy is an intensive, in-person workforce training program designed to prepare neurodivergent adults for entry-level employment in CNC machining and advanced manufacturing. Training will include shop safety, measurement, blueprint reading, applied math, manual machining, CNC operation, quality practices, employability skills, company tours, and job-placement support. Class size is limited, and qualified applicants will be invited to participate in an interview and skills-readiness process.

Application instructions: *The applicant should complete as much of this form as possible. A parent, guardian, support professional, or other trusted person may assist. Information will be maintained confidentially and used only for program admission, support planning, safety, reporting, and program administration as permitted by law. Completing an application does not guarantee admission.*

Applicants moving forward in the selection process must successfully complete a background screening before beginning training at the BotsIQ Training & Education Center. Because adult Academy participants will train in a facility that is also regularly used by minors, this screening is required as part of BotsIQ's commitment to maintaining a safe learning environment for everyone. A prior conviction does not necessarily result in automatic disqualification. Any information identified through the screening process will be reviewed in relation to the safety requirements of the program and training environment.

Fields marked with an asterisk (*) are required.

1. APPLICANT INFORMATION

Legal first name * _____

Legal last name * _____

Preferred name _____

Pronouns (optional) _____

Date of birth * _____

Age at program start * _____

Street address * _____

Apartment/unit _____

City * _____

State / ZIP code * _____

Primary phone * _____

Email address * _____

☐ Applicant completed this form ☐ Applicant completed with assistance ☐ Another person completed this form

Name of person assisting or completing the application _____

Relationship to applicant _____

Best phone/email for this person _____

Fields marked with an asterisk (*) are required.

2. PRIMARY CONTACT AND EMERGENCY CONTACT

Primary contact name * _____

Relationship * _____

Phone * _____

Email * _____

Emergency contact name * _____

Relationship * _____

Emergency phone * _____

Emergency email _____

May BotsIQ contact the primary contact regarding the application, interview scheduling, attendance, and program support? * ☐ Yes ☐ No ☐ Applicant is their own primary contact

3. ELIGIBILITY AND AVAILABILITY

Will you be at least 18 years old by the first day of the Academy? *

☐ Yes ☐ No

Have you earned a high school diploma, GED, or equivalent? *

☐ Yes ☐ No ☐ Expected before program begins

Are you available to attend the full training schedule in person? *

☐ Yes ☐ No ☐ Not sure

Are you prepared to pursue employment after completing the program? *

☐ Yes ☐ No ☐ Not sure

Are you legally authorized to work in the United States? *

☐ Yes ☐ No ☐ Not sure

Please explain any "No" or "Not sure" response

The Academy training will happen at the BotsIQ Training & Education Center located at 100 S. Jackson Avenue, Pittsburgh, PA 15202.

How do you expect to travel to and from the program most days? *

☐ Drive myself ☐ Family/friend ☐ Public transit ☐ Paratransit ☐ Ride share ☐ Other

Please describe your transportation plan and any concerns

Fields marked with an asterisk (*) are required.

4. EDUCATION AND TRAINING BACKGROUND

Highest level completed *

_____

High school / GED program

_____

Graduation or completion year

_____

College, trade, or transition program

_____

Math courses completed (check all that apply): ☐ Basic math ☐ Pre-algebra ☐ Algebra ☐ Geometry ☐ Trigonometry ☐ Other ☐ Not sure

Previous technical or hands-on learning (check all that apply): ☐ Manufacturing ☐ Woodworking ☐ Automotive ☐ Robotics ☐ Electronics ☐ CAD ☐ 3D printing ☐ None

Other courses, certifications, training programs, or credentials

5. EMPLOYMENT AND VOLUNTEER EXPERIENCE

Are you currently working or volunteering? *

☐ Yes, paid employment ☐ Yes, volunteer ☐ No

Current employer or organization _____

Job title / duties _____

Current schedule:

☐ Full-time ☐ Part-time ☐ Seasonal/temporary ☐ Volunteer ☐ Not applicable

Previous jobs or volunteer experiences (include title and approximate dates)

What did you like best about a past job, volunteer role, class, or activity?

What was difficult, frustrating, or stressful in that setting?

Fields marked with an asterisk (*) are required.

6. INTEREST IN CNC MACHINING AND MANUFACTURING

What made you apply to the BotsIQ Uniquely Abled Academy? *

What do you know about CNC machining or manufacturing? *

Have you toured a machine shop or watched videos showing CNC mills and lathes?

☐ Yes ☐ No ☐ Not sure

What interests you most about working in manufacturing?

What do you hope to do after completing the Academy? *

Fields marked with an asterisk (*) are required.

7. LEARNING, WORK HABITS, AND SUPPORT PREFERENCES

These questions focus on how you learn and work. They are not requests for a medical diagnosis.

How do you learn best? Check all that apply. * ☐ Seeing a demonstration ☐ Written steps/checklists ☐ Pictures/diagrams ☐ Trying the task myself ☐ Verbal explanation ☐ Repetition/practice ☐ One-on-one coaching ☐ Small group instruction

Other learning strategies that help you _____

Which statements describe you? Check all that apply.

☐ I enjoy working with my hands ☐ I notice small details ☐ I prefer clear routines ☐ I can follow multi-step directions ☐ I ask questions when unsure ☐ I can accept corrective feedback ☐ I can work independently after training ☐ I can work near other people

Please list your strengths, talents, interests, and hobbies *

What helps you stay focused, calm, organized, and ready to learn? *

What situations can make learning or work more difficult for you?

How do you prefer an instructor or supervisor to give you feedback?

Fields marked with an asterisk (*) are required.

8. MANUFACTURING ENVIRONMENT READINESS

CNC training takes place in an active machine shop. Appropriate personal protective equipment, instruction, supervision, and reasonable accommodations will be provided as applicable.

Can you: Follow safety rules every time, even when a task feels familiar? *

☐ Yes ☐ Not sure ☐ No

Can you: Wear required safety glasses, closed-toe shoes, and other Personal Protective Equipment? *

☐ Yes ☐ Not sure ☐ No

Can you: Wear pants? *

☐ Yes ☐ Not sure ☐ No

Can you: Work around machinery, metal chips, odors, and shop noise? *

☐ Yes ☐ Not sure ☐ No

Can you: Tolerate shop noise when hearing protection is provided? *

☐ Yes ☐ Not sure ☐ No

Can you: Remain in assigned work areas and follow instructor directions? *

☐ Yes ☐ Not sure ☐ No

Can you: Tell an instructor immediately when something seems unsafe? *

☐ Yes ☐ Not sure ☐ No

Can you: Stand or move between workstations for portions of the training day, with scheduled breaks? *

☐ Yes ☐ Not sure ☐ No

Can you: Arrive on time and attend consistently? *

☐ Yes ☐ Not sure ☐ No

Can you: Lift objects up to 50lbs.? *

☐ Yes ☐ Not sure ☐ No

Please explain any “Not sure” or “No” response and what support may help

Fields marked with an asterisk (*) are required.

9. REASONABLE ACCOMMODATION AND ACCESS NEEDS

BotsIQ provides equal access and will consider reasonable accommodations for qualified participants. You do not need to disclose a diagnosis on this application. Please describe any accommodation, communication method, sensory support, mobility access, assistive technology, or other support you may need to participate in the Academy. Documentation may be requested later only when appropriate to evaluate a specific accommodation request.

Did you have a previous: ☐ IEP ☐ 504 Agreement ☐ Transition Plan

Do you need an accommodation for the interview or assessment process?

☐ No ☐ Yes ☐ Not sure

Please describe the accommodation or support requested

Person BotsIQ may contact to coordinate accommodations (optional) _____

Phone/email (optional) _____

10. WORKFORCE AND COMMUNITY SUPPORTS

Are you currently connected with any of the following? Check all that apply.

☐ PA Office of Vocational Rehabilitation (OVR) ☐ County intellectual/developmental disability services

☐ Autism or disability service provider ☐ CareerLink® ☐ School transition program ☐ Job coach

☐ Supports coordinator ☐ Benefits counselor ☐ Other ☐ None

Organization / agency _____

Counselor, coordinator, or support professional _____

Phone/email _____

May BotsIQ contact this person to coordinate program funding or services?

☐ Yes ☐ No ☐ Not applicable

11. REFERENCE

Please provide one reference who is not an immediate family member and who can speak about your attendance, reliability, learning habits, teamwork, or work ethic. Examples include a teacher, counselor, supervisor, job coach, volunteer coordinator, or support professional.

Reference name * _____

Relationship to applicant * _____

Organization _____

Phone * _____

Email _____

Best time to contact _____

May BotsIQ contact this reference? *

☐ Yes ☐ No

Fields marked with an asterisk (*) are required.

12. APPLICANT STATEMENT

In 1–2 paragraphs, tell us something about yourself that would help us get to know you better. *

Is there anything else you would like the selection team to consider?

13. CONSENT AND CERTIFICATION

- ☐ I understand that submitting this application does not guarantee admission.
- ☐ I understand that applicants may be asked to participate in an interview, tour, skills assessment, or other readiness activity.
- ☐ I understand that consistent attendance, safe conduct, participation, and readiness for employment are important parts of the Academy.
- ☐ I authorize BotsIQ to contact the reference and any support professional for whom I granted permission above.
- ☐ I certify that the information in this application is true and complete to the best of my knowledge.
- ☐ I understand that applicants selected to move forward in the Uniquely Abled Academy must complete a background screening before participating in training at the BotsIQ Training & Education Center.

Applicant signature * _____

Date * _____

Parent/guardian/conservator signature, if applicable _____

Date _____

Name of person completing form, if not applicant _____

Relationship _____

Fields marked with an asterisk (*) are required.

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Application complete
☐ Yes ☐ No

Eligibility verified
☐ Yes ☐ No

Interview scheduled
_____

Interview completed
_____

Assessment completed
_____

Reference contacted
_____

Accommodation follow-up needed
☐ Yes ☐ No

Funding/service coordination
_____

Selection decision
☐ Accept ☐ Waitlist ☐ Do not accept

Decision date
_____

Selection notes

Reviewer(s) _____

Fields marked with an asterisk (*) are required.