



Documentation Requirements for Springfield Workshop Employment

1. **Copy of Guardianship Papers** (if the prospective employee has a legal guardian)
2. **Documentation of Disability** One of the following documents:
A Psychiatric/Psychology History & Evaluation including diagnosis and doctor's signature;
OR
Medical History & Physical including medical diagnosis of disability and a doctor's signature;
3. **Copy of most recent Social Security award letter** indicating SSI/SSDI amount received monthly (only needed if applicant gets this type of assistance).
4. **Two (2) forms ID**
Birth Certificate **or** Social Security Card **or** US Citizen ID card
AND
Drivers License/Non-Drivers ID card **or** School ID with Photo
For further information on this required I-9 documentation, please visit www.uscis.gov/files/form/I-9.pdf
5. **Certification of a Disability by the State of Missouri**
All employees of Springfield Workshop must be certified by the State of Missouri's Department of Elementary and Secondary Education (DESE) prior to their employment. This certification process requires a review of pertinent documentation by DESE personnel.

Springfield Workshop Inc.
Applicant Data Card

The following information is requested so that Springfield Workshop, Inc. can comply with U.S. Department of Labor Form OMB No. 1225-0072.

Submission of this form is optional. Data collected will be used only in the aggregate, to assess the effectiveness of outreach efforts. Consideration for this job will not be affected by failure to submit this form. It will not be processed with your application.

Name: _____ Date: _____

I choose not to complete this form. _____

Sex: Male Female Date of Birth: _____

Position for which you are applying: Production Worker _____

Military Service: Yes _____ No _____

Dates of Service: _____

Vietnam Era _____ Iraq Era _____

Ethnic/Race Self-Identification:

_____ White _____ Native American/Alaska Native
_____ African American _____ Native Hawaiian
_____ Hispanic/Latino _____ Asian

Do you have a Disability? _____ Yes _____ No

If you checked "Yes" above, is your disability on the targeted disabilities listed below?

Yes _____ No _____

Blind, Deaf, Missing Extremity(s), Partial Paralysis, Complete Paralysis,
Convulsive Disorder, Mental Retardation, Mental Illness,
Genetic or Physical condition affecting limbs or spine.

Source of Information about this vacancy (check all that apply)

_____ 1. Friend or Relative Working Here _____ 7. Newspaper
_____ 2. Agency Personnel Office _____ 8. Radio/Television
_____ 3. State Employment Office _____ 9. Internet
_____ 4. Government Recruitment at School _____ 10. Federal/DOL Jobs Line
_____ 5. Federal, State or Local Job Info Center _____ 11. Magazine
_____ 6. Other



SPRINGFIELD WORKSHOP, INC.
EMPLOYEE APPLICATION
2835 W BENNETT SPRINGFIELD, MO 65802
417-866-2339 SUSAN EXT 38

Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or disability.

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____ SOCIAL SECURITY#: _____

LEGAL GUARDIAN: _____ TELEPHONE: _____

RESIDENTIAL STATUS: INDEPENDENT WITH FAMILY RESIDENTIAL CARE

FACILITY GROUP HOME NAME OF FACILITY _____

NATURE OF DISABILITY: _____ SEIZURES YES NO

*You must have documented disability that prohibits you from obtaining & maintaining employment in the competitive work force.

MEDICATIONS: _____

YEARS OF SCHOOL COMPLETED _____ WHERE: _____

MOST RECENT WORK EXPERIENCE (including any volunteer work): _____

DATES EMPLOYED: _____

HOW DID YOU HEAR ABOUT THE WORKSHOP? _____

HAVE YOU EVER WORKED AT A MISSOURI WORKSHOP BEFORE? _____ IF YES,

WHICH ONE & WHY DID YOU LEAVE? _____

APPLYING FOR FULL TIME(5 days/30 hrs. per week) PART TIME (minimum of 4 days/week)

IF PART TIME, WHY? _____

DO YOU HAVE ANY RELATIVES THAT WORK HERE? ____ YES ____ NO

WHO? _____

CURRENT SOURCE OF INCOME SSI SSDI JOB OTHER _____

TRANSPORTATION: DRIVE CITY BUS OATS ACCESS EXPRESS FAMILY

Have you ever been convicted of a Felony or Misdemeanor, pleaded No Contest in a Felony or Misdemeanor, or been convicted of a Felony or Misdemeanor resulting in imprisonment or a fine over \$500 during the last 10 years? (Conviction will not necessarily disqualify an applicant) YES NO

IF YES PLEASE EXPLAIN _____

SUPPORTS

REGIONAL CENTER YES NO

BURRELL CENTER YES NO

SERVICE COORDINATOR _____ CASE MANAGER _____

NEXT STEP A.O EASY LIVING ARC NOVA OTHER _____

PRIMARY SUPPORT STAFF: _____ PHONE: _____

REFERENCES

1. NAME _____ PHONE: _____

2. NAME _____ PHONE: _____

IS THERE ANYTHING ELSE ABOUT YOURSELF THAT YOU WOULD LIKE US TO KNOW?

I certify that to the best of my knowledge and belief that answers given by me in this application are correct and complete. I understand that any false information contained in this application is cause for dismissal.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers; school and individuals from any liability for any damage whatsoever resulting from giving such information.

SIGNATURE

DATE