***Certified Application for Employment***

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code

Are you 25 years or older? 🞏Yes 🞏No

Are you eligible for work in the U.S.? 🞏Yes 🞏No

**Employment Information**

Have you ever worked for Laclede Industries before? 🞏Yes 🞏No

Have you ever worked for another sheltered workshop before? 🞏Yes 🞏No

If yes, please list name and location of previous employment:

Please discuss your 3 most recent employment positions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name & Address** | **Position/title, & duties performed** | **Reason for Leaving** | **Start Date** | **End Date** | **Reference Phone Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Educational Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education Level | Years Attended | IEP? | Subjects Studied | Did you graduate? |
| Grade School |  |  |  |  |
| High School |  |  |  |  |
| College/Technical School |  |  |  |  |

**Military Service:**

Are you a veteran? 🞏Yes 🞏No  
Please list any applicable skills or specialized training from your years of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** Please list 3 persons not related to you whom you have known for at least one year:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Relationship | # Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Description of Disabilities:**

Laclede Industries is a sheltered workshop and endeavors to provide dignified employment to individuals with disabilities. In order to do this, please list the disabilities that affect your work, when they began, and how it affects your work.

**You will also need to provide a written statement from your physician, certified counselor, nurse practitioner, physician assistant, or psychologist that collaborates these diagnoses in order to obtain state certification and be eligible for employment at Laclede Industries as a certified employee.** **Please call 417-588-3241 to set up an appointment to bring these documents when they are available.**

|  |  |  |
| --- | --- | --- |
| Disability Diagnosis | When did it start? | How does your disability affect your work? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Can you read? 🞏Yes 🞏No

Can you write? 🞏Yes 🞏No

**Guardianship Status:**

Do you have a legal guardian? 🞏Yes 🞏No

If yes, please provide:

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Guardian Name Guardian Phone Number

**All employees with guardians MUST provide a court established letter of guardianship PRIOR to beginning work.**

**Case worker or Representative Status:**

Do you have a case worker or representative who is helping you submit this application?

🞏Yes 🞏No

If yes, please provide the following information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Case Worker/Representative Phone Number Relationship to You Organization/Agency

**Disclosure:**

I certify that all the information submitted on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of employment, I agree to conform to the company’s rule and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company’s options. I also understand and agree that terms and conditions of my employment may be changed with our without cause, and with or without notice, at any time by the company. I understand that no company representative, other that its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for an specific period of time or to make any agreement contrary to the forgoing.

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Date Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Legal Guardian

**Certified Employment Process**

Laclede Industries is a sheltered workshop dedicated to providing employment for individuals with disabilities. Anyone may apply for a job as a disabled employee at Laclede Industries. However, to be hired as a disabled employee, applicants must be certified as “disabled” by the Department of Elementary and Secondary Education who then grants us permission to add you to our list of potential certified employees.

After you complete and submit your application for Certified Employment to Laclede Industries, the application will be faxed to Vocational Rehabilitation who to the best of our knowledge will assign a specialist to review your application. In order to get you certified, we must collect relevant data from you and other agencies in an attempt verify your disability.

It is our understanding that you may receive a call from a Vocational Rehabilitation Specialist who will work with you on determining whether or not you qualify for services within our agency within one to six weeks of submitting your completed application and evidence of your disability.

If you are certified, your name will appear in our eligible list of potential certified employees. At that point, applicants will be selected based upon company need, qualifications, references and your ability to perform the essential functions of the position with our without reasonable accommodation.

Please note that employees are not hired for specific jobs or positions, rather they are required to work in different areas depending on the needs of the organization at any given point in time. Additionally, employees are not guaranteed specific work hours. While Laclede Industries does have posted “general hours of operation for the public” production needs always take precedence and all employees are expected to work as needed, when needed, where needed depending on the needs of the organization at any given point in time.

Additionally, since the certification process can take a while, please be patient.

By signing below, you agree that you understand the above statements.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature Date