



APPLICATION FOR EMPLOYMENT Employee

Equal Opportunity Employer - It is the policy of this company to provide equal opportunity employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, pregnancy, medical condition, sexual orientation, veteran status, or any other status protected under state and federal law.

Position Desired: _____

Rate of Pay Desired: _____

Name: _____
(Print) Last First MI

Please list any name you have ever gone by other than the one listed: _____

Present Address: _____
Street # Street City State Zip Code

How long have you lived at this address?

Years Months

Previous Address: _____
Street # Street City State Zip Code

How long have you lived at this address?

Years Months

*Note: Please list all addresses for previous 7 years.
Use back of application if additional space is needed.*

Telephone Number: _____

Have you ever worked for SWI in the past? ☐ Yes ☐ No

If yes, please provide dates, position, and reason for leaving: _____

How did you find out about this position? _____

Please list names of any relatives employed by SWI: _____

On what date would you be available for work? _____

Are you legally permitted to work in the United States? ☐ Yes ☐ No

Note: Proof of eligibility will be required within three working days of employment.

If hired, can you furnish proof that you are over 18 years of age? ☐ Yes ☐ No

Are you capable of performing the essential functions required for the position for which you are applying with or without accommodation? ☐ Yes ☐ No

Can you meet the travel requirements of the position? ☐ Yes ☐ No

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Name:		Employed From:	Rate of Pay:	Position Title & Duties:
Address:				
City, State, Zip Code:		/		Reason for Leaving:
Telephone:		(mo/yr)	Start	
Supervisor Name:		To:		
		/		
		(mo/yr)	Final	

May we contact this employer? ☐ Yes ☐ No

Previous Employer Name:		Employed From:	Rate of Pay:	Position Title & Duties:
Address:				
City, State, Zip Code:		/		Reason for Leaving:
Telephone:		(mo/yr)	Start	
Supervisor Name:		To:		
		/		
		(mo/yr)	Final	

May we contact this employer? ☐ Yes ☐ No

Previous Employer Name:		Employed From:	Rate of Pay:	Position Title & Duties:
Address:				
City, State, Zip Code:		/		Reason for Leaving:
Telephone:		(mo/yr)	Start	
Supervisor Name:		To:		
		/		
		(mo/yr)	Final	

May we contact this employer? ☐ Yes ☐ No

RECORD OF PREVIOUS EMPLOYMENT (Continued)

Previous Employer Name: _____	Employed From: _____ /_____ (month / year)	Rate of Pay: _____	Position Title & Duties: _____
Address: _____			
City, State, Zip Code: _____			
Telephone: _____	To: _____ /_____ (month / year)	Start _____	Reason for Leaving: _____
Supervisor Name: _____			

May we contact this employer? ☐ Yes ☐ NoHave you been terminated or asked to resign from any job? ☐ Yes ☐ No

If Yes, please provide circumstances: _____

Please explain fully any gaps in your employment history: _____

Please indicate any actual experience, special training and qualifications you possess which you feel are relevant to the position for which you are applying: _____

EDUCATION

School Name	Years Completed (circle)	Did You Graduate?	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience and Skills
High School:	9 10 11 12 GED	Y / N			
College/University:	1 2 3 4	Y / N			
Trade/Correspondence:		Y / N			
Other:					

REFERENCES

Please list persons whom know you well - not previous employers or relatives

Name	Occupation	Telephone Number	# Years Known

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position with SWI, I will comply with all rules and regulations of SWI. I understand that SWI reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to SWI. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that SWI may investigate my driving record and my criminal record and that an investigative consumer report may be prepared. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that SWI may contact my previous employers, if I have indicated permission within this application, and I authorize the employers to disclose to SWI all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to SWI, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide SWI with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either SWI or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between SWI and the Employee and this agreement supersedes any and all prior agreements. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of SWI. No supervisor or representative of SWI, other than its President, has any authority to enter into any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable. If you have any questions regarding this statement, please ask a company representative before signing. I hereby acknowledge that I have read the above statements and understand the same. My signature below attests that I have read, understood, and agree to be legally bound to all of the above terms.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Signature of Applicant

Date

Springfield Workshop, Inc.
Applicant Background Questionnaire

The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.

EFFECTS OF NONDISCLOSURE: Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. P).

Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503. Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEOR

Name: _____

Date: _____

I choose not to complete this form: ☐ Sex: Male ☐ male ☐

Date of Birth: _____

Position for which you are applying: _____

RACE SELF-IDENTIFICATION

Please read the descriptions, then check one or more races to indicate what you consider yourself to be.

- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- ☐ **Native Hawaiian or Other Pacific Islander Islands:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific.
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

VETERAN IDENTIFICATION

- ☐ **Are you a "Special Disabled Veteran"?** is a veteran of the U.S. military ground, naval, or air service who is entitled to Compensation under the laws administered by the Dept of Veterans Affairs for disability (A) rated at 30% or more, or (B) rated at 10% or 20% in the case of a veteran who has been determined under 38 U.S.C. 3106, to have a serious employment handicap: or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Are you a Vietnam-era Veteran?** means a person who served on active duty in the U.S. military ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such duty was performed (A) in the Republic of Vietnam between 2-28-61 and 5-7-75, or (B) between 8-5-64 through 5-7-75 in all other cases.
- ☐ **Recently Separated Veterans'** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.
- ☐ **Other Protected Veterans'** means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

SOURCE OF INFORMATION ABOUT THIS VACANCY: (CHECK ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Federal, State or Local Job Info Center | <input type="checkbox"/> 2. Magazine | <input type="checkbox"/> 3. Newspaper |
| <input type="checkbox"/> 4. Radio/Television Broadcast | <input type="checkbox"/> 5. Internet | <input type="checkbox"/> 6. Agency Personnel Office |
| <input type="checkbox"/> 7. State Employment Office | <input type="checkbox"/> 8. Federal/DOL Job line | <input type="checkbox"/> 9. Government Recruitment at School |
| <input type="checkbox"/> 10. Friend or Relative of working agency | <input type="checkbox"/> 11. Other _____ | |

Staff 19: 11/03, 8/04, 9/07, 10/11, 12/11, 03/12

2835 W. Bennett
Springfield, MO 65802
417-866-2339 office
417-866-6485 fax
swiindustrial.com



Name: _____
Please Print

SWI Industrial Solutions provides employment opportunities for individuals with developmental disabilities. Individuals who are interested in employment; but who are under the age of 25, must be referred to us through the State of Missouri Department of Secondary Education (DESE) Vocational Rehabilitation. If you are under the age of 25, you may contact Alecia Latz at (573) 645-5427.

DOCUMENTS NEEDED FOR SWI HIRING PROCESS

Physical

☐ Date of last health physical _____

Social Security Award Letter (If Applicable)

☐ Copy of the most recent Social Security Award Letter indicating SSI/SSDI amount received monthly.

Documentation of Disability

☐ A letter or documentation signed by your physician stating your disability/diagnosis. We need to know the date you were initially diagnosed i.e., at birth, 1982, etc.

AND/OR

☐ A Psychiatric/Psychology History & Evaluation including a diagnosis and doctor's signature.

Guardianship

☐ Copy of Guardianship Papers (if applicable)

Other Information

- ☐ Banking Information for electronic deposit of payroll checks
Route Number & Account Number
- ☐ Current ID Card or Driver's License
- ☐ Social Security Card
- ☐ Medicare, Medicaid, and/or other insurance card(s)

I understand that I must have the information indicated above to work at SWI Industrial Solutions. If I am offered employment, I can provide this information.

Signature: _____

We have a reputation for exceeding customer expectations.

Let us show you why!