Certified Employee Application

Thank you for your interest in a position with the Community Sheltered Workshop (CSW, Inc.) in Sikeston, Missouri. Please complete all pages of the attached application and return it as soon as possible. Applications are reviewed on an as-needed basis.

All employees **must independently** manage their toileting and medications. CSW staff **cannot** hand-feed, cut, or otherwise assist with eating, nor can they provide direct personal care.

Once we receive all information, we will submit it to the Missouri Department of Elementary and Secondary Education (DESE), which handles employee certification for CSW, Inc. If you are under 25, we will submit your information to Vocational Rehabilitation (VR) for evaluation before submitting it to DESE.

We may need additional information to complete this certification process. If so, we will contact you at the telephone number listed in this packet. If your address or telephone number changes, let us know immediately.

Once an employee is certified by DESE, we will call to schedule an interview. You will need to provide your own transportation to the initial interview. Based on the interview results, if the applicant is a likely candidate for the current job opening(s), a trial work evaluation will be required. The purpose of this evaluation is to determine the applicant's strengths and weaknesses, skill level, and job ability. After this work evaluation, a determination of employment will be made.

A background check and drug and alcohol testing will be required of employees pursuant to the Drug-Free Workplace Policy, a copy of which you will receive before employment.

CSW, Inc. is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by applicable federal, state, or local law.

If you need a reasonable accommodation to complete this application, please contact us at 573-472-0583 or at info@comshelterinc.com.

Required Documents Checklist

____ Completed Application

____ Medical Diagnosis Confirmation

This can be the original diagnosis from the applicant's doctor, notes from a recent medical evaluation that include the diagnosis, or any other documentation showing the disability diagnosis.

____ Medical Information Release

____ Proof of Guardianship (if needed)

Personal Information

Application Date: _____

Name: _____

Address: _____ City _____

If you live in a group home, please list the name:

_____

County of Residence: _____ Phone: _____

Date of Birth: _____ SSN: _____

Guardian (if you or someone else):_____

Primary Disability: _____

What date were you initially diagnosed? _____
Include supporting medical documentation

Additional Disability(s) (if applicable): _____

Do you have seizures? _____ If yes, do you take medication: _____

What date was your last general physical exam? _____
Include supporting medical documentation

Last School Attended: _____ Last Grade Completed: _____
Includes home school if applicable

Have you ever worked in a sheltered workshop? _____ If yes, please list when and where:_____

What was your reason for leaving? _____

Do you have any work experience? _____ If yes, please list when and where below:

_____

_____

_____

_____

What prevents you from working in a typical setting? _____

_____

Legal Information

Have you ever been convicted of or charged with a crime? _____
This includes felonies, misdemeanors, or violations of municipal ordinances

If yes, what was the crime, and when was it alleged to have occurred? _____

_____

In what state and county did the charge or charges arise? _____

_____

If you were convicted or pleaded guilty, please state the date: _____

If you were convicted or pleaded guilty, please state your sentence: _____

_____

Have you ever served time in jail or prison? _____ If yes, where and for how long?_____

Are you on probation or parole now? _____ If yes, until when? _____

Other Information

Please list any other information that you feel is applicable to your application.

_____

_____

_____

_____

_____

Signature(s)

By signing below, I confirm that the included information is true and correct.

Applicant: _____ Date:_____

Guardian: _____ Date:_____

Relationship to Applicant:_____

Proof of authority to act on the applicant's behalf must be attached *(e.g., guardianship papers, power of attorney)*.