

**WEB-CO CUSTOM INDUSTRIES, INC.**

P.O. Box 486 / 948 S. Prairie Lane  
Marshfield, MO 65706  
417-468-5890 / 417-468-5892 (fax)

***Certified Employee Application***

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Legal guardian: \_\_\_\_\_

Residential status:  Independent  Family  Residential facility  Group home

Name of facility: \_\_\_\_\_

Nature of your disability: \_\_\_\_\_

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

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

Medications: \_\_\_\_\_

Years of school completed: \_\_\_\_\_ Where: \_\_\_\_\_

Work experience (including any volunteer work): \_\_\_\_\_

\_\_\_\_\_

Dates employed: \_\_\_\_\_

How did you hear about the Workshop? \_\_\_\_\_

Have you ever worked in a Sheltered Workshop in the state of Missouri before? \_\_\_\_\_

If yes, which one: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you applying for full- or part-time work? \_\_\_\_\_

Do you have any relatives who work here? \_\_\_\_\_ If so, who? \_\_\_\_\_

Are you on SSI? \_\_\_\_\_ SSDI? \_\_\_\_\_

Will you need transportation to work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ When/where? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you use any regional supports (e.g., Burrell, the Arc, etc.)? \_\_\_\_\_

Do you have a service coordinator or case manager? \_\_\_\_\_ If so, who? \_\_\_\_\_

**References**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to you: \_\_\_\_\_

I certify that to the best of my knowledge and belief the 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 and release them from any liability for any damage whatsoever from giving such information.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/guardian signature (if applicable):** \_\_\_\_\_

Equal Opportunity Employer. We abide by all federal and state laws prohibiting employment discrimination on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or disability.

## DOCUMENTS NEEDED for the WEB-CO HIRING PROCESS

1. **Copy of Guardianship papers** (if applicable).
2. **Document of Disability.** One of the following documents on letterhead with the provider's signature:

- Report from the Regional Center, including the "Client Profile" sheet
- OR** Psychiatric / Psychological History & Evaluation including diagnosis
- OR** Medical History and Physical including medical diagnosis of disability
- OR** Vocational Rehabilitation certification and supporting documents
- OR** A very thorough IEP from a school district

The note needs to state specifically what your disability is, exactly how that limits you to the point of not being capable of competitive employment, and why, therefore, you are suited for employment at a Sheltered Workshop.

3. **Copy of most recent Social Security award letter.** Indicating SSI/SSDI amount received monthly and any earning limitations (if applicable).
4. **Two forms of ID.** A birth certificate or Social Security Card / US Citizen ID card **and** a driver's license / non-driver's ID card or School ID w/ photo (see I-9 List of Acceptable Documents).

All Web-Co employees must be certified by the State of Missouri to be disabled prior to working at our facility. The certification process requires a review of pertinent documents such as those listed above by appointed Missouri State personnel. The documents requested above not used to establish certification are required for Web-Co's hiring process.

Contact:

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