



### 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 worked for Opportunity Sheltered Industries in the past?  Yes     No

Have you worked for another sheltered workshop in the past?  Yes     No

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



Please describe 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:

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**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:**

Opportunity Sheltered 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 Opportunity Sheltered Industries as a certified employee. Please call 417-967-3608 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

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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 than 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

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Date

Signature of Legal Guardian

Opportunity Sheltered Industries, Inc. holds a Department of Labor Certificate 14(c) allowing OSI to pay a commiserate wage to employees. This is done by paying a piece rate based on production. Employees are paid a wage commiserate with their ability to produce. Employees are not guaranteed to earn minimum wage. Following is an explanation of the wage calculation.

KNOW YOUR RIGHTS Employer requirements for paying subminimum wages to workers with disabilities under section 14(c) of the Fair Labor Standards Act.

Usually workers must be paid at least the federal minimum wage. Sometimes, however, an employer may pay less than the minimum wage to a worker with a disability. This is only legal if the employer has a certificate from the Department of Labor and fulfills all the following requirements:

1. A worker's pay rate must be less than the minimum wage only if the worker's disability reduces his or her ability to do the job.
2. Employers must tell each worker in person and in writing that he or she will earn less than minimum wage. Employers may provide this notice by making copies of the certificate available. Employers must also tell each worker's parent or guardian whenever it is appropriate.
3. A worker's pay must be based on (1) the amount other employers pay their employees and (2) the worker's ability to do the job.
  - a. At least once a year, employers must ask other employers in the area how much they pay experienced employees who do the same job. A worker's pay may change based on this information.
  - b. Workers paid hourly must be tested within 30 days of starting a new job to determine their ability to do the job. Because their ability may change, they must be retested every six months. Retesting may result in a change to a worker's pay rate.
4. If a worker performs services for the federal government, the contract may require that he or she be paid at least \$10.10 per hour.

Any employee who thinks he or she is not being paid properly may call or write to the Wage and Hour Division to complain. Also, a worker, or his or her parent or guardian, may write to the Wage and Hour Division to have his or her pay rate reviewed by an administrative law judge.

Any worker who is fired or treated differently because he or she complained or helped in an investigation may call the Wage and Hour Division for help. Workers may also take the employer to court.

For information on accommodations, transition services, and competitive integrated employment, visit [www.dol.gov/odep](http://www.dol.gov/odep)

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Signature

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Date

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Guardian Signature

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Date

### Certified Employment Process

Opportunity Sheltered Industries is a sheltered workshop dedicated to providing employment for individuals with disabilities. Anyone may apply for a job as a disabled employee at Opportunity Sheltered 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 Opportunity Sheltered 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 to 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 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 or 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 Opportunity Sheltered 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date