WRC, Inc.

795 Ross Clark Circle, Ste 1- Dothan, AL 36303
(334) 792-0022

APPLICATION FOR EMPLOYMENT

WRC Inc. is an Equal Opportunity Employer and does not didscriminate based on race, color, creed, religion, sex, sexual orientation, gender identity, age, disability, national origin, pregnancy, marital status, military status or protected veteran.

WRC Inc. is an "AT WILL" Employer

"The mission of WRC is *"Linking lives by assisting individuals in securing employment and overcoming voctaional barriers and achieving personal independence."* If an accomodation is needed in the application process, please contact Human Resources at (334)-792-0022 ext. 308 or 272.

PERSONAL INFORMATION

TODAY'S DATE	POSITION APPLYING FOR	REFERRED BY:

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER HOME: MOBILE:	ARE YOU 18 YEARS OF AGE OR OLDER? [ ] YES [ ] NO	IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? [ ] YES [ ] NO

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? [ ] YES [ ] NO (PROOF OF IDENTITY AND ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT)	HAVE YOU EVER WORKED UNDER ANOTHER NAME? [ ] YES [ ] NO IF YES, WHAT WAS IT ?

EDUCATION

A. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 HIGH SCHOOL ATTENDED:

B. IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED? [ ] YES [ ] NO

C. CHECK NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION COMPLETED: 1 2 3 4 5 6 7

NAME AND LOCATION OF INSTITUTION	HRS.	DEGREE RECEIVED	MAJOR OR SPECIALTY	MINOR

D. IF YOU EXPECT TO COMPLETE AN EDUCATION PROGRAM IN THE NEAR FUTURE, PLEASE INDICATE WHAT TYPE OF DEGREE OR PROGRAM AND EXPECTED COMPLETION DATE:

U.S. MILITARY

HAVE YOU SERVED IN THE MILITARY? [ ] YES [ ] NO	IF YES, WHAT BRANCH OF SERVICE?	ARE YOU CURRENTLY A MEMBER OF THE RESERVE OR NATIONAL GUARD? [ ] YES [ ] NO

WHAT TYPE OF EDUCATION, TRAINING, AND/OR WORK EXPERIENCE DID YOU RECEIVE WHILE IN THE MILITARY?

LICENSES AND SPECIAL SKILLS

DO YOU HAVE A CURRENT/VALID DRIVERS LICENSE? (ANSWER ONLY IF APPLYING FOR A POSITION REQUIRING DRIVING) [ ] YES [ ] NO

IF YES, STATE ISSUED: LICENSE NUMBER: EXPIRATION DATE:

PROFESSIONAL LICENSES OR CERTIFICATIONS

TYPE	STATE ISSUED	EXP. DATE	NUMBER
TYPE	STATE ISSUED	EXP. DATE	NUMBER

OF THE LICENSES LISTED ABOVE, HAVE ANY CURRENTLY ,OR PREVIOUSLY, BEEN UNDER ANY RESTRICTIONS? [ ] YES [ ] NO

IF YES, WHICH LICENSE: WHEN: REASON:

HAVE YOU COMPLETED ANY SPECIAL COURSES, SEMINARS AND/OR TRAINING THAT WOULD ENABLE YOU TO PERFORM THE POSITION FOR WHICH YOU ARE APPLYING?

[ ] YES [ ] NO IF YES, PLEASE DESCRIBE:

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION REGARDING SPECIALIZED SKILLS YOU THINK WOULD HELP US EVALUATE YOUR APPLICATION (I.E. ANY EQUIPMENT OPERATED, INCLUDING OFFICE EQUIPMENT, COMPUTER PROGRAMS USED, ETC.)

EMPLOYMENT

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? [ ] YES [ ] NO IF YES, GIVE DATE: POSITION APPLIED FOR:

HAVE YOU EVER BEEN EMPLOYED WITH WRC, INC. BEFORE: [ ] YES [ ] NO IF YES, GIVE DATE: POSITION HELD:

ARE YOU A RELATIVE OF ANYONE EMPLOYED AT WRC, INC. [ ] YES [ ] NO
IF YES, GIVE NAME: RELATIONSHIP: DEPARTMENT:

ARE YOU CURRENTLY EMPLOYED? [ ] YES [ ] NO ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? [ ] YES [ ] NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

ARE YOU AVAILABLE TO WORK: [ ] DAYS [ ] NIGHTS [ ] WEEKENDS [ ] HOLIDAYS [ ] FULL TIME [ ] PART TIME

IF YOU CANNOT WORK FULL TIME, PLEASE EXPLAIN:

EMPLOYMENT EXPERIENCE

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST POSITIONS HELD.
(A resume may be submitted, but not in place of this application. All questions must be completed in full.)

DATES OF EMPLOYMENT	MONTH	YEAR	EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
			EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
FROM			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT	MONTH	YEAR	EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
			EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
FROM			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT	MONTH	YEAR	EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
			EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
FROM			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

DATES OF EMPLOYMENT	MONTH	YEAR	EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
			EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
FROM			SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING:	
TO			JOB DUTIES	YOUR NAME IF DIFFERENT FROM PRESENT:	

LIST ANY ADDITIONAL WORK EXPERIENCE ON THE BACK OF THIS SHEET

LIST DATES AND REASONS FOR EMPLOYMENT INACTIVITY:

MAY WE REQUEST A JOB REFERENCE FROM YOUR EMPLOYERS? PAST: [ ] YES [ ] NO PRESENT: [ ] YES [ ] NO

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR ASKED TO RESIGN? [ ] YES [ ] NO

PERSONAL REFERENCES
GIVE 3 INDIVIDUALS (NOT RELATIVES OR EMPLOYERS)

NAME:	RELATIONSHIP:	PHONE NUMBER:
		( )
NAME:	RELATIONSHIP:	PHONE NUMBER:
		( )
NAME:	RELATIONSHIP:	PHONE NUMBER:
		( )

MISCELLANEOUS

Conviction of a crime does not automatically bar you from employment. A criminal background check is part of the employment process.
EACH QUESTION MUST BE ANSWERED.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME(S) OR OFFENSE(S) OTHER THAN MINOR TRAFFIC VIOLATION(S)? [ ] YES [ ] NO

IF YES, TYPE OFFENSE(S): (1)_____ (2)_____ (3)_____

DATE AND LOCATION OF CONVICTION(S): (1)_____ (2)_____

(3)_____

ARE YOU ON PROBATION AS A RESULT OF ANY CRIMINAL MATTER: [ ] YES [ ] NO
ARE THERE ANY ARRESTS OR CRIMINAL PROCEEDINGS CURRENTLY PENDING AGAINST YOU? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: _____

_____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that this application is not an offer of employment and that by accepting my application, WRC, Inc. does not guarantee that I will be offered a job. I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____
INITIAL

In consideration of employment with WRC, if employed, I agree to conform to the rules and regulations as stated in the provided employee handbook. If hired, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with WRC is of an ***"at will"*** nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this ***"at will"*** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of WRC, Inc.

_____
INITIAL

I acknowledge that WRC, Inc. maintains a drug-free workplace; therefore, I understand and agree that I may be required to successfully complete a pre-employment drug test. Upon employment, I further acknowledge that WRC, Inc, maintains a policy of random drug testing administered by an independent contractor. I understand that if my employee number is drawn and/or if cause exists to believe I am under the influence of alcohol, drugs, or other substances, I will be required to submit to a blood/urine test; and the refusal or failure to do so may result in discharge.

_____
INITIAL

I understand and acknowledge that it is the policy of WRC, Inc. to provide equal opportunity to all individuals. In this regard, all personnel and administrative practices are administered without regard to race, religion, age, citizenship, gender, national origin, and disability or veteran status. This policy extends to employees and applicants for employment. I also understand that it is the policy of WRC, Inc. to recognize the right of every employee to work in an environment free from any form of harassment and/or discrimination based on race, sex, religion, color, national origin, age or disability.
Suspected or possible violations of these policies may be reported to Administration, Human Resources,

_____ _____
SIGNATURE OF APPLICANT DATE

WRC, Inc.

P. O. Box 338 - Dothan, AL 36302
(334)792-0022

CONSENT FOR SUBSTANCE ABUSE TESTING

I understand and agree that I may be required to take and pass a drug test as a condition of hiring and/ or continued employment. Further, I understand that testing may not be limited to urinalysis to determine the use of controlled substances, but may also include the use of "breathalyzer" indicators to determine alcohol use.

I consent to take such test(s) at the time(s) designated by WRC, Inc. and to release WRC, Inc., its agents, officers or employees from any claim arising in connection with the use of such test(s). If hired, this consent form shall remain on file and shall serve as ongoing consent for any additional testing deemed necessary by the Staff and/or Administration of WRC, Inc.

I acknowledge that WRC, Inc. maintains a drug-free workplace policy which includes random drug testing administered by an independent contractor. If, upon employment, my employee number is drawn for random testing and/or cause exists to believe I am under the influence of alcohol, drugs, or other substances, I will be required to submit to a blood/urine test; and the refusal to do so may result in discharge.

_____ _____

SIGNATURE SOCIAL SECURITY NUMBER

_____ _____

WITNESS DATE

WRC, Inc.

P. O. Box 338 - Dothan, AL 36302
(334)792-0022

CONSUMER DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with my application for employment with WRC, Inc., I fully understand that WRC, Inc. and/or designated application screening agency, as their agent, may request/perform a consumer report/background investigation on me. The consumer report/ background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

All background information shall be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations). WRC, Inc. is an Equal Opportunity Employer, and does not discriminate as to race, color, gender, national or religious origin, age, or veteran or disability status. All results will be kept confidential, as practical, and will not be provided to any parties other than WRC, Inc. or its legal representatives.

I authorize, without reservation, any party or agency contacted by this company, employees, agents, and assigns to furnish the above mentioned information. If hired, I understand that this authorization shall remain on file and shall serve as an ongoing authorization to procure consumer reports at any time during my employment period. I further authorize a Photostat (facsimile "FAX") of this release to be considered as effective as the original. I am aware that I have the right to request the nature and scope of the results, as reported to WRC, Inc.

I release WRC, Inc. and the Consumer Reporting Agency(s) requesting, investigating and/or providing information and/or consumer report(s) and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigative and/or consumer report of my background as set forth herein.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

FULL NAME PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH*

*The request for date of birth is for permissible purpose and not for purposes prescribed by the laws prohibiting age discrimination. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 50 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges of employment because of an individuals age.

WRC, INC.

VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

Wiregrass Rehabilitation Center is a federal government contractor. As a matter of WRC's policy, as well as applicable law, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity, and gender. Such analyses are only possible if we know the EEO profile of our applicants, so we request that you complete this survey and return it to us promptly.

Although the information that applicants provide **does not at all affect their prospects for employment** and is, in fact, treated very confidentially, it is nevertheless very important to us. For any statistical analysis to be meaningful, we must have information on as many applicants as possible and it is just as important to collect this information from men and from non-minorities as it is to obtain from women and minority group members.

We appreciate that some applicants will find this request intrusive and we apologize for this. However, please be advised that we are required by the government to keep such records and perform such analyses. You may decline to disclose but your cooperation will allow us to be accurate.

In addition, information on county and state of residence as well as on how you learned about the vacancy you applied for will assist us in our recruitment efforts.

The categories listed below are those used by the U.S. Department of Labor. Although some agencies have expanded these categories to permit multi-racial reporting, the Department of Labor has not yet done so and, we apologize, these are the only racial options we can offer at this time.

		Check One Only	
		White, not of Hispanic Origin (includes person of Middle East Ancestry	_____
		Black or African American	_____
		Hispanic or Latino (regardless of race)	_____
		Asian	_____
Male	_____	Native Hawaiian or other Pacific Islanders	_____
Female	_____	American Indian/Alaskan Native	_____
Decline to Disclose	_____	Two or more races	_____
		Decline to Disclose	_____

Name _____ Zip Code_____

County and State of Residence _____

How did you learn of this vacancy? _____

If by advertisement, please give name and date of publication _____

Position Applied For (MUST be specified) _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[1] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_____ _____

Your Name Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Appendix B to Part 60–300—Invitation to Self-Identify
41 CFR 60–300.42(a) and .42(b) Effective on and following 03/24/2014
"PRE–OFFER" INVITATION TO APPLICANTS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

(1) disabled veterans;
(2) recently separated veterans;
(3) active duty wartime or campaign badge veterans; and
(4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:

o A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

o A person who was discharged or released from active duty because of a serviceconnected disability.

- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran 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 under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1–866–4–USA–DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

[ ] I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

[ ] I AM NOT A PROTECTED VETERAN