



AbilityOne/JWOD Requirements – A Summary

AbilityOne is the brand name, if you will, of the program under the jurisdiction of the Javits-Wagner-O’Day Act, or JWOD. This is a federal program that requires that most of the direct labor work hours be performed by people who are blind or are significantly disabled on federal contracts awarded under the AbilityOne program.

AbilityOne is a federal non-profit agency that acts as a liaison between federal government agencies looking for contractors and non-profit organizations like MAVAGI that want to receive the contracts. Additional information on these programs can be found at www.abilityone.gov.

The Mission of MAVAGI Enterprises is to **Create Jobs for People with Disabilities**. We have federal contracts across Texas and Florida under the AbilityOne program, and are actively looking to expand in other areas and States.

In order to remain in compliance with the AbilityOne program and maintain the contracts, we must be in compliance with direct labor ratio requirements. Usually, this involves ensuring that 75 percent of the direct labor is being completed by employees who are blind or significantly disabled on AbilityOne contracts.

At MAVAGI, HR Reps/Case Managers are assigned to support the AbilityOne contracts within their regions. They collect the medical documentation of employees with disabilities, which allows us to count the direct labor hours worked by these employees towards the ratio requirement.

According to the guidance provided by AbilityOne, it is necessary to determine the individual’s significant disability first, and then determine if they can be considered disabled for competitive employment. Both are required in order to have employees’ direct labor hours count towards the ratio requirements.

Under the JWOD act, a “severe disability” is a significant physical or mental impairment (a residual, limiting condition resulting from an injury, disease, or congenital defect) which so limits the person’s functional capabilities (mobility, communication, self-care, self-direction, work tolerance or work skills) that the individual is unable to engage in normal competitive employment over an extended period of time (41 CFR 51-1.3).

To be eligible to count toward the direct labor ratio for people with significant disabilities, an individual must have documentation in our files that not only describes the nature of that individual’s significant disabilities (i.e. the diagnoses) but documents the extent to which the disabilities affect the individual’s life functions. This would be especially important for conditions that can vary widely in their severity. Medical documentation consists of a written report signed by a licensed professional reflecting the nature and extent of the disability or disabilities that cause the individual to qualify as a person with a significant disability. In the absence of medical documentation, a certification of the disability or disabilities by a governmental entity is also acceptable. The date of both forms of documentation is relevant in

circumstances where the seriousness of the condition or how it manifests itself in one's daily life could change over time.

The requirements of a certification of a disability by a state or local government entity, such as Department of Rehab Services, Veterans Affairs, etc., includes the following:

- Identify who the issuing entity is (letterhead, for example)
- Signed (by a Vocational Rehabilitation Counselor for example)
- List the disabilities (i.e. specific diagnoses)

Once the nature and extent of the disability or disabilities is/are known, whether or not the individual can be considered disabled for competitive employment must then be determined. This takes into consideration the person's employment history, accommodations required on the job, education and work experience, activities outside of work, level of assistance required on the job and in their daily lives, etc. With the total of this information, we make a judgment call to determine if the individual can be considered both significantly disabled and disabled for competitive employment.

It is possible for an individual to be "severely or significantly disabled" under this program, and not be considered disabled for competitive employment. Someone who has a significant disability who also has a steady work history in competitive employment positions would be an example. Being significantly disabled and disabled for competitive employment are both necessary under the AbilityOne program.

According to the guidance provided by AbilityOne, people referred to nonprofit agencies by state vocational rehabilitation (VR) service agencies can not be assumed automatically to meet the requirements of the AbilityOne Program. While the majority of individuals who are referred by VR will qualify for the AbilityOne Program, VR's definitions and requirements differ somewhat from those of the AbilityOne Program. A referral from VR must therefore go through the same assessment process at MAVAGI as anyone else does.

In the event of any questions regarding this explanation, contact Adam Ysasi, Human Resources Manager, at MAVAGI Enterprises, at 210-982-4099.



EMPLOYMENT APPLICATION

If you have a disability and you need help with our application process, please contact us at hr@mavagi.org

NAME LAST NAME, FIRST NAME MIDDLE NAME	TELEPHONE	TODAY'S DATE (MM/DD/YYYY)
PRESENT ADDRESS (CITY, STATE, ZIP CODE)	ALTERNATE TELEPHONE	DATE AVAILABLE (MM/DD/YYYY)
POSITION APPLIED FOR	REFERRED BY	PAY EXPECTED

Are you over 18? **Yes** **No**

EDUCATION

SCHOOLS ATTENDED	SCHOOL NAME	ADDRESS	LAST GRADE COMPLETED	FIELD OF STUDY	DEGREE EARNED
				MAJOR/MINOR	
HIGH SCHOOL					
VOCATIONAL SCHOOL					
COLLEGE					
ADDITIONAL TRAINING					

EMPLOYMENT HISTORY List all employment of one month or more during the last ten years, beginning with current or most recent.

NAME OF FIRM	ADDRESS/TELEPHONE	FROM - TO MO/YR	POSITION HELD & SUPERVISOR	REASON FOR LEAVING

HISTORY OF RESIDENCE List all places you have resided during the last seven years, beginning with current / most recent.

STREET ADDRESS INCLUDE APT. #	CITY	COUNTY	STATE	ZIP	TO AND FROM DATES

May we contact your current employer regarding your qualifications? **Yes No**

It is the policy of the company to hire only United States citizens and aliens lawfully authorized to work in the United States.

Are you authorized to work in the U.S. for any employer? **Yes No**

Have you ever used another name? **Yes No**

List all other names by which you have been known: _____

Under your current name or another name, have you ever been convicted of, plead guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense? **Yes No**

Have you ever, under your name or any other name, been convicted of a crime, which resulted with your being imprisoned and released from prison or paroled? **Yes No**
If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s):

<p>HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? Yes No</p> <p>WHERE? _____</p> <p>DATES: _____</p> <p>POSITION: _____</p>

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? **Yes No**

If no, describe the functions that cannot be performed:

PROFESSIONAL REFERENCES (SUPERVISORS) No friends or relatives please!

NAME	ADDRESS/TELEPHONE	YEARS & NATURE OF ACQUAINTANCE

OFFICE USE ONLY- REMARKS

Interviewed _____ Not Interviewed _____

PLEASE READ CAREFULLY BEFORE SIGNING

Thank you for your interest in employment with the Company. We are an Equal Opportunity/Affirmative Action employer, and select the best matched individual for each position based upon job-related qualifications, regardless of race, religion, national origin, age, sex, veteran status, disability or other protected status under state, federal or local Equal Employment Opportunity Laws.

I certify that any information given during the course of application is true and complete to the best of my knowledge. I authorize a thorough investigation of my entire former employment history and other references and to verify all data given in my application for employment, related papers or oral interviews. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for termination if hired. I release the company and all affiliated entities and all informants of all liability whatsoever resulting from such investigations.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employability, authorization and identity (valid driver's license, green card, etc.) within three days of being hired. Failure to submit such proof within the required time could result in immediate employment termination.

I understand that any offer of employment is contingent upon the passing of a drug and alcohol screen, criminal background check, sex offender registry check and, if applicable, a physical and the verification of my motor vehicle driving record.

I also understand that any falsification, deliberate omission or misrepresentation of facts upon this application will be considered just cause for dismissal at the discretion of the company should I become an employee.

In consideration of my employment, I agree to conform to the rules and regulations of the company and my employment and compensation are "at-will" in that I agree that I can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also understand that the company does not intend to create an implied contract between the company and its employees through the development and dissemination of company policies, procedures, handbooks or other literature.

I have read and understand the above.

Signature: _____

Date: _____