ABILITY ONE/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 may be found at www.abilityone.gov.

The Mission of Mavagi Enterprises is to **Provide job opportunities, job training, and job development to 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.
To remain in compliance with the AbilityOne program and maintain the contracts, we must comply 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.

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.
The requirements of a certification of a disability by a state or local government entity, such as the Department of Rehab Services, Veterans Affairs, etc., include 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)
- The extent of the disabilities (severe, chronic, degenerative, bilateral, etc.)

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

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. This application is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. Your application may not be considered unless every section is complete. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process can contact us at hrhelpdesk@mavagi.org Please print.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)				
Street Address		City	State	ZIP Code
Main Phone Number	Alternate Phone Number	Email		

EMPLOYMENT EXPERIENCE

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references.

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Year)	
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Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?.....☐ Yes ☐ No
If yes, explain:

List any other experience; job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

List three professional references of individuals who are **not** related to you:

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

List three people who know you well:

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever used another name?.....☐ Yes ☐ No
   If yes to either of the above, provide the additional information:

   _____
2. Have you ever worked for this company before?.....☐ Yes ☐ No
   If yes, give dates and position: _____
3. On what date are you available to begin work? _____
4. Are you available to work? ☐ Full-time ☐ Part-time ☐ Temporary
5. Days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. If hired, would you have a reliable means of transportation to and from work?.....☐ Yes ☐ No
7. Can you travel if the position requires it?.....☐ Yes ☐ No
8. Can you relocate if the position requires it?.....☐ Yes ☐ No
9. Are you at least 18 years old?.....☐ Yes ☐ No
10. If hired, can you present evidence of your identity and legal right to work in this country?.....☐ Yes ☐ No
11. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....☐ Yes ☐ No
    Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.
12. If the job requires, do you have a valid driver's license?.....☐ Yes ☐ No
13. Have you had any moving violations within the last seven years? .....☐ Yes ☐ No

CRIMINAL HISTORY

14. Have you ever been convicted of a crime?.....☐ Yes ☐ No
    Note: Please note that a "Yes" answer will not necessarily disqualify you from employment.
    If yes, provide additional information:

    _____

    _____
15. Are you currently awaiting trial for any criminal offense?.....☐ Yes ☐ No
16. Have you ever initiated an act of violence in the workplace? .....☐ Yes ☐ No

APPLICANT STATEMENT AND AGREEMENT

Read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If I am employed by the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will and that neither I nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ **Date:** _____

BACKGROUND RELEASE FORM

Applicant: Review and sign this form authorizing Mavagi Enterprises, Inc. to perform a background review for your employment consideration. Neither the completion of this application nor any other part of my consideration for employment gives any obligation for Mavagi Enterprises, Inc. to hire me.

Consent to Conduct Background Check

As a condition of and in consideration of employment, I give permission to Mavagi Enterprises, Inc. to check my personal and employment history. I understand that a background check will include, but not be limited to, verification of all information on my employment application, criminal background check, sex offender registry check, motor vehicle records and consumer credit check. Further, I give permission to Mavagi Enterprises, Inc. to conduct these checks and to discuss results in connection with my employment application.

Consent to Drug/Alcohol Testing

As a condition of and in consideration of employment, I understand that pursuant to Mavagi's Policy for a Drug and Alcohol-Free Workplace, I am being required to submit to a drug and alcohol screening test. I consent to submit to urinalysis, breath, blood and/or other tests as shall be determined by Mavagi. I further agree to and hereby authorize the release of the results of said tests to Mavagi Enterprises, Inc. I consent to random or reasonable suspicion drug and alcohol test during the time of my employment with Mavagi Enterprises, Inc. I understand that a positive test, refusal to authorize this form, refusal to take the test or failure to produce a specimen may result in denial of employment or immediate dismissal. Mavagi Enterprises may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours. I hereby consent not to file any action at law or in equity against Mavagi Enterprises, their officers, agents or employees in connection with the results of these tests.

Consent to Contact Past Employers

I understand that Mavagi Enterprises, Inc. may request to contact any or all past employers listed on my employment application. Further, per my indication on the employment application, I give permission to my current or past employers to discuss my relevant employment history with the company, verbally or in writing.

Equal Employment Statement

Mavagi Enterprises, Inc. is an equal opportunity employer. Mavagi does not discriminate in employment because of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information.

My signature acknowledges that I have carefully reviewed and acknowledge that Mavagi Enterprises, Inc. may perform a background review as described above. I also acknowledge receipt of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

Candidate signature: _____ Date: _____