

**Abby Vans Inc.
W5621 Todd Road
Neillsville WI 54456**

Application for Employment

Equal access to programs, service and employment is available to all persons. Applicants requiring accommodations to complete this application and/or assistance with the interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Name _____ Date of Birth (optional) ____/____/____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ - _____ Social Security Number _____ - _____ - _____

If you are under 18, can you furnish a work permit? Yes ___ No ___

Have you ever been employed here before? Yes ___ No ___

Are you legally eligible for employment in this country? Yes ___ No ___

Date available for work ____/____/____

Type of employment desired ___ Full-Time ___ Part-Time ___ Temporary

Are you able to meet the attendance requirements of the position? Yes ___ No ___

Have you been convicted of a felony in the last seven (7) years? Yes ___ No ___

If yes, please explain _____

Driver's License Number _____ State _____

Educational Background

| School | Course of Study | Did you Graduate? | Degree or Diploma |
|---------------------------|-----------------|-------------------|-------------------|
| Grammar School | | Yes ___ No ___ | |
| High School | | Yes ___ No ___ | |
| College | | Yes ___ No ___ | |
| Graduate School | | Yes ___ No ___ | |
| Vocational Training-Other | | Yes ___ No ___ | |

Summarize any special training, skills, licenses, certifications and/or characteristics you possess that relate to performing the functions of the position for which you are applying.

Employment History

List your last four (4) employers, assignments of volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

| | | | |
|------------------------------|----|---|-----------|
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor & Title | | Summarize the nature of work performed and job responsibilities | |
| Reason for Leaving | | Hourly Rate/Salary Start \$ _____ Final \$ _____ | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor & Title | | Summarize the nature of work performed and job responsibilities | |
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| Immediate Supervisor & Title | | Summarize the nature of work performed and job responsibilities | |
| Reason for Leaving | | Hourly Rate/Salary Start \$ _____ Final \$ _____ | |

Explanation of any gaps in employment _____

References

List the names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If this is not applicable, list three school or personal references (unrelated).

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | | |
| | | |
| | | |

List any additional information you would like us to consider _____

Abby Vans Inc.

W5621 Todd Road, Neillsville, WI 54456

Phone: 715-743-3364 or 800-236-8438

Fax: 715-743-7545

ACKNOWLEDGMENT FOR PASSENGER TRANSPORT DRIVING POSITION

Job Summary:

- Compassionate, understanding, attention to detail and personal drive to make sure each client's transportation needs are met. Excellent interpersonal skills and a strong desire to provide service to others.
- Provide superior customer service, ability to prioritize, problem solve and ability to convey a positive attitude
- Position requires close attention to detail to ensure accuracy and completeness of tasks.

Physical Requirements:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job Employee must be able to:
 - Safely operate motor vehicle in all weather conditions
 - Regularly enter and exit a motor vehicle
 - Provide supervision for clients with varying levels of disabilities
 - Assist clients with varying levels of disabilities to and from the vehicle
 - Assist clients with varying levels of disabilities to enter and exit the vehicle
 - Operate motor vehicle Passenger and Wheelchair securements
 - Operate motor vehicle Wheelchair Lift and/or Ramp on accessible vehicles
 - Able to lift up to 50 pounds and be able to push/pull up to 600 pounds.
 - Work a variety of time frames to include early mornings, days and evenings.

Duties and Responsibilities

- Assist all clients with varying degrees of disabilities by following Abby Vans policy and procedures for safe and professional transportation
- Use proper body mechanics to load and unload clients so as not to injure self or the client
- Clearly communicate and receive instructions from Abby Office and the clients.
- Perform excellent "Passenger Sensitivity Awareness" characteristics such as being friendly, courteous and patient to everyone – no exceptions. Have positive body language.
- Work towards peaceful resolution of conflicts, without being argumentative
- Maintain order on vehicle at all times reporting any unsafe, unruly or disruptive behavior to Office
- Maintain timeliness of assigned routes and schedules and notify Office of any accidents, incidents and problems
- Maintain accurate, legible and complete driver paperwork and mail/return completed driver paperwork to Office on a timely basis.
- Operation of cell phone and fax/printer
- Maintain vehicle preventive maintenance checks and report problems to Office on a timely basis.
- Maintain interior and exterior cleanliness of vehicle to include clean and well groomed personal appearance.
- Attend all mandatory paid training as offered by Abby Vans.

Prerequisites:

- High School Diploma, GED and/or combination of education
- 21 years of age or older with two year minimum driving experience
- Valid Wisconsin Driver's License with good driving record and skills
- FTA/DOT Pre-Employment Drug Screen and Company Policy enrollment
- 10 Year Criminal, Sex Offender and Wisconsin Caregiver Background Check
- CPR/First Aid Certification
- Passenger Sensitivity Training and Hands On Training *
- Blood Bourn Pathogen Training
- Defensive Driving Training
- Landline phone or email access required
- Off street parking for company vehicle
- Must be resident of assigned service area

Most training Certificates are provided by Abby Vans. All required Certificate training provided by Abby Vans is provided free of charge. Certificate training is not eligible for wage reimbursement.

* Madison area drivers covered by Madison's Living Wage Ordinance must complete the Madison Passenger Sensitivity Training during first three (3) months of hire. \$50.00 non-reimbursable.

All Abby Van specific policy and procedure training is eligible for wage reimbursement as a bonus, based upon successful completion of our training program and all prerequisite requirements completed.

I understand that as part of my application for employment I must successfully complete the prerequisites of training and demonstrate knowledge of all driver duties and responsibilities in order to be eligible for hire.

Printed Name

Signature Name

Date

Release of Information Form

--49 CFR Part 40 Drug and Alcohol Testing --

Section I. To be completed by the new employee, signed by the employee and transmitted to the previous employer:

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following rule violation.

Employee Signature: _____ Date: ____/____/____

Section I-A.

New Employer Name: Abby-Vans, Inc.
Address: W5621 Todd Road, Neillsville, WI 54456
Phone #: 715:743-3364 or 800:236-8438 **Fax#:** 715:743-7545
Designated Employer Representative: Peggy Jones

Section I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:
II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing.

- | | |
|---|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes ___ No ___ |
| 2. Did the employee have verified positive drug tests? | Yes ___ No ___ |
| 3. Did the employee refuse to be tested? | Yes ___ No ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes ___ No ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes ___ No ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the Return-to-duty process? | Yes ___ No ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Section II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: ____/____/____

Abby Vans Inc.

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Phone: 715-743-3364 or 800-236-8438

Fax: 715-743-7545

APPLICANT ACKNOWLEDGMENT OF DRUG TEST REQUIREMENT

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR Part 653. I understand that a negative test result is required before I will be considered for hire.

Signature of Applicant

Printed Name

Date

Abby Vans Inc.

W5621 Todd Road, Neillsville, WI 54456

Phone: 715-743-3364 or 800-236-8438

Fax: 715-743-7545

RELEASE OF PERSONNEL INFORMATION

Please be advised that I am actively seeking employment with Abby-Vans, Inc. and on that basis am requesting that you provide all or part of my personnel records to Abby-Vans, Inc., to the full extent requested by Abby-Vans, Inc. and further, that you provide such other information requested as by Abby-Vans, Inc. that relates in any way to my employment with your organization.

In giving such permission I absolutely and completely release all of my past employers and each and every of their employees and agents from any claims I may have against them for providing Abby-Vans, Inc. with any information about me. I also absolutely and completely release Abby-Vans, Inc. and each and every of its employees and agents from any claims I may have against them for seeking or obtaining such information about me. This release includes, but is not limited to, any claims I may have relating to the provision of false or misleading information or based upon privacy.

I further acknowledge that this release is given freely, knowingly and voluntarily by me and is not due to any threat or promise. This release will remain in effect for one (1) year from the date below unless I notify you, in writing, of such cancellation prior to that date.

Signature of Applicant

Printed Name

Date

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (HFS-64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhfs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

| | |
|--|---|
| Programs Regulated under Chapter 48, Wis. Stats. | Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care. |
| Programs Regulated under Chapters 50, 51, and 146, Wis. Stats. | Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services. |
| Others | Child Care Providers contracted through Local School Boards |

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (HFS-64A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal) Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, HFS-64, and the Appendix, HFS-69, and submit both forms to the address noted in the Appendix Instructions.

| | | | | | | |
|--|--|---------------|--|--|---------------------------|------|
| Name – (First and Middle) | | Name – (Last) | | Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) | | |
| Any Other Names By Which You Have Been Known (Including Maiden Name) | | | | Birth Date | Gender (M / F) | Race |
| Address | | | | | Social Security Number(s) | |
| Business Name and Address - Employer or Care Provider (Entity) | | | | | | |

| SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION | | YES | NO |
|---|--|-----|----|
| 1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents. | | | |
| 2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents. | | | |
| 3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If Yes , explain, including when and where it happened. | | | |
| 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If Yes , explain, including when and where it happened. | | | |

(continued on next page)

| SECTION A (continued) | YES | NO |
|--|-----|----|
| 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes, explain, including when and where it happened. | | |
| 6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? ➤ If Yes, explain, including when and where it happened. | | |
| 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes, explain, including credential name, limitations or restrictions, and time period. | | |
| SECTION B – OTHER REQUIRED INFORMATION | YES | NO |
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes, explain, including when and where it happened. | | |
| 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes, explain, including when and where it happened and the reason. | | |
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years. | | |
| 4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there. | | |
| 5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | | |
| 6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision. | | |

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

| | |
|------------------|-------------|
| SIGNATURE | Date Signed |
|------------------|-------------|



**DRIVER/APPLICANT DISCLOSURE AND AUTHORIZATION
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Abby Vans, Inc (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original. I authorize both the employer and Logisticare Solutions, LLC to have access to the above referenced information.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

*This information will be used for background screening purposes only.



Employer: LCI- Abby Vans, Inc-WI

Phone: 715-743-3364

Requested By:

SERVICES REQUESTED (Check all that apply)

- Initial Screening Package (WI)-10 Year: Social Security Trace, MVR, National Criminal Database, and Sex Offender Registry Check (Up to 3 AKA's)
- Renewal Screen – National Criminal Database, MVR (3 year)

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.
PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

| | | | |
|--|---------------|------------------------|--|
| First Name: | | Middle Initial: | |
| Last Name: | | | |
| Social Security Number: | | Birth Date: | |
| Current Address: | | | |
| City: | State: | Zip: | |
| Drivers License #: | | State: | |
| Other Names Used (previous 7 years only): | | | |
| 1. | | 2. | |
| 3. | | 4. | |

Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.

| City | County | State | Zip | From ____ To ____ |
|------|--------|-------|-----|-------------------|
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |

EMPLOYEE AFFIRMATIVE ACTION QUESTIONNAIRE

We are a Wisconsin government affirmative action contractor/subcontractor subject to Wisconsin's Contract Compliance Law, as amended, which requires us to maintain an affirmative action program to counter discrimination and to work toward a balanced workforce, including hiring and promoting qualified minorities, females and individuals with disabilities where they are under-represented in our workforce.

To that end, we request that you answer the following questions on a strictly voluntary basis. Refusal to provide information will not subject you to any adverse treatment.

Information regarding your disability will remain confidential, except that managers and supervisors may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and Government officials engaged in enforcing laws may be informed. The information provided will be used only in ways which are not inconsistent with the Americans with Disabilities Act, as amended and the Wisconsin Fair Employment Act, as amended.

If you are a qualified individual with a disability, we would like to include you under our affirmative action program. It would assist us if you tell us about (i) any special methods, skills, and procedures which you believe qualify you for positions that you might not otherwise be able to do because of your disability so we could consider you for any positions of that kind which become available and for which you express interest, and (ii) the accommodations which you believe we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties of the job, provision of personal assistance services or other accommodations.

Name: _____

Date: _____

Position Applied For: _____

County of Residence: _____

Race: White (*Not of Hispanic Origin*) Black (*Not of Hispanic Origin*) Hispanic
 American Indian or Alaska Native Asian or Pacific Islander Other

Gender: Male Female

Disability: Do you have a disability? Yes No

(Abby Vans considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act.)

Please describe any disability:

Signature: _____

Completion of this form is voluntary.
A reference copy of the Abby Vans Affirmative Action Plan is available upon request.