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795 Ross Clark, Ste 1 Dothan, AL 36303
334.792.0022 Ext 337 or 272

Application for Employment

The mission of WRC is "To increase the employment of the individuals with vocational barriers by building strong relationships with community partners, governmental entities, and private employers."

If an accommodation in the application process is needed, please contact Human Resources at 334.792.0022 Ext. 337 or 272

WRC, Inc. is an equal opportunity-Affirmative Action Employer / WRC is an "At-Will" employer.

All qualified applicants will receive considerations for employment and will not be discriminated against on the basis of Veteran status or disability. WRC does not discriminate on the basis of race, color sex, sexual orientation, gender identity, age, disability, national origin, pregnancy, marital status, military status, or genetic information including family medical history, disability, or protected veteran status.

PERSONAL INFORMATION

TODAY'S DATE		POSITIONS APPLYING FOR		REFERRED BY:	
LAST NAME		FIRST NAME		MIDDLE INT.	
STREET ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS		MOBILE PHONE NUMBER		HOME NUMBER	
ARE YOU 18 YEARS OF AGE OR OLDER? YES [] NO []			IF YOU ARE 18 YRS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY?		
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, WHEN WAS IT?		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12						HIGH SCHOOL ATTENDED:						
IF YOU DID COMPLETE HIGH SCHOOL, DO YOU HAVE A GED? [] YES [] NO												
CHECK NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION COMPLETE 1 2 3 4 5 6												
NAME AND LOCATION OF INSTITUTION				HRS.		DEGREE RECEIVED		MAJOR OR SPECIALITY			MINOR	

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			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?								

LICENSE AND SPECIAL SKILLS

DO YOU HAVE A CURRENT/VALID DRIVER'S LICENSE? (ANSWER ONLY IF APPLYING FOR A POSITION REQUIRING DRIVING) [] YES [] NO					
IF YES, STATE ISSUED:		LICENSE NUMBER:		EXPIRATION DATE:	

Professional Licenses or Certificates

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

OF THE LICENSE LISTED ABOVE, HAVE ANY CURRENTLY, OR PREVIOUSLY, SEEN 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?

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 FILLED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE:		POSITION APPLIED FOR:
HAVE YOU EVER BEEN EMPLOYED WITH WRC, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE:		POSITION HELD:
ARE YOU A RELATIVE OF ANYONE EMPLOYED AT WRC, INC. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE: RELATIONSHIP: DEPARTMENT:		POSITION APPLIED FOR: IF YES, GIVE NAME:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO ON WHAT DATE WOULD YOU BE ABLE TO WORK?
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
IF YOU CANNOT WORK FULL TIME, PLEASE EXPLAIN:		

EMPLOYMENT EXPERIENCE

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

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

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

DATES OF EMPLOYMENT			EMPLOYER'S NAME	STARTING SALARY:	ENDING SALARY:
FROM	MONTH	YEAR	EMPLOYER'S ADDRESS/ZIP CODE/PHONE NUMBER	JOB TITLE:	
			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 RECRUIT A JOB REFERENCE FROM EMPLOYERS? PAST: YES NO PRESENT: YES NOHAVE YOU EVER BEEN DISCHARGED FROM A JOB OR ASKED TO RESIGN? YES NO

**PERSONAL REFERNCES
GIVE 3 INDIVIDUALS (NOT RELATIVES OR EMPLOYERS)**

NAME:	RELATIONSHIP:	PHONE NUMBER :
NAME:	RELATIONSHIP:	PHONE NUMBER :
NAME:	RELATIONSHIP:	PHONE NUMBER :

MISCELLEOUS

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 in the result in discharge. event of employment, I understand that false or misleading information given in my application or interview(s) may herein are true and complete to the best of my knowledge.

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, sex, national origin, or physical or mental disability. 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 the Administration and Human Resources.

INITIAL

Signature of Applicant _____

_____ Date



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(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 disabilities. 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 purposes 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 individual's age.**



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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



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VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

Wiregrass Rehabilitation Center, Inc. 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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | White, not of Hispanic Origin (includes person of Middle East Ancestry) |
| <input type="checkbox"/> | Black or African American |
| <input type="checkbox"/> | Hispanic or Latino (regardless of race) |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islanders |
| <input type="checkbox"/> | American Indian/Alaskan Native |
| <input type="checkbox"/> | Two or more races |
| <input type="checkbox"/> | Decline to Disclose |
-
- | | |
|--------------------------|------------|
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Decline to |
| <input type="checkbox"/> | 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) _____



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MVR Request Form

Name _____

Date of Birth _____

Driver's License Number _____

State: _____

The above information will be used to obtain from the state of Alabama a motor vehicle report (MVR), which will be analyzed by our insurance carrier to assess insurability.

Your signature grants Flowers Insurance Agency, Inc. permission to order said MVR.

Printed Name: _____

Signature: _____

Date: _____

Reply to: Human Resources Office
Emily Hampson
WRC, Inc.
Office # 334-792-0022 Ext. 272
Fax # 334-712-7632
Email: emily.hampson@wrcjobs.com

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

Motor Vehicle Check: Drivers License Number _____

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Print Name:

_____ Date: _____

Signature: _____



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Voluntary Self-Identification of Veterans

Definitions

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:

WRC A "disabled veteran" is one of the following:

* A veteran of the U.S. military, ground, naval or air service who is entitled to compensations (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans B16; or

* A person who was discharged or released from active duty because of a service-connected disability.

WRC 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 military, ground, naval, or air service.

WRC 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 campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

WRC 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 the 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 Acts. In particular, if you were absent from the 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 Services (VETS), toll-free, at 1-866-4-USA-DOL.

Self- Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply)

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed below.)

I choose not to identify my veteran status.

Your Name

Today's Date



Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.