

MISSION DRIVEN. CUSTOMER FOCUSED.

Employment Application

An Equal Opportunity Employer

Date Name in full First Middle Initial Last Present address Street City Phone Permanent address State City Zip Phone Daytime phone number Position(s) desired Are you seeking: Full Time Temporary Summer \Box Part Time Earnings expected:

www.odcmn.org

ADMINISTRATION

1520 Highway 32 South, PO Box 730 Thief River Falls, MN 56701 (218) 681-4949 (218) 681-7635 FAX

BAUDETTE

107 East Main Street Box 912 Baudette, MN 56623 (218) 634-2483/634-2951 FAX

BEMIDJI

1219 Naylor Drive SE Bemidji, MN 56601 (218) 751-6001/751-9189 FAX

BUHL

100 S Industrial Park Rd Box 668 Buhl, MN 55713 (218) 258-8926/258-8951 FAX Outreach Offices: 3620 E 13th Avenue Hibbing, MN 55746 (218) 263-8303/263-6338 FAX 230 1st St South, Ste 104A Virginia, MN 55792

CROOKSTON

245 Fifth Avenue SW Crookston, MN 56716 Outreach Office: 1424 Central Ave NE East Grand Forks, MN 56721 (218) 773-0992

GRAND RAPIDS

401 SE 11th Street Grand Rapids, MN 55744 (218) 326-8574/326-8447 FAX

INTERNATIONAL FALLS

1600 20th Avenue W. Box 873 International Falls, MN 56649 (218) 285-7462/285-7218 FAX

ROSEAU

1194 Center Street West Roseau, MN 56751 (218) 463-1123/463-3973 FAX

THIEF RIVER FALLS

1520 Highway 32 S, Box 730 Thief River Falls, MN 56701 (218) 681-6830/683-7338 FAX

CUSTOM PRODUCTS

1724 Highway 32 S, Box 743 Thief River Falls, MN 56701 (218) 741-7273/741-9370 FAX (218) 681-3464/681-6499 FAX

WARREN

1008 North 2nd Street Warren, MN 56762 (218) 281-3326/281-2115 FAX (218) 745-4401/745-4401 FAX Product Dept 209 E Johnson Avenue Warren, MN 56762 (218) 745-5444/745-5444 FAX

ODC's MISSION

To develop the skill of individuals with disabilities by providing opportunities for suitable, sustainable employment that result in greater independence.

ODC's VISION

Individuals with disabilities engaged in valuable work, integrated into their communities and reaching their highest potential.

ODC provides quality, nationally accredited programs for those experiencing employment challenges. Through these programs, the ODC has assisted many people with disabilities and other employment barriers, a group constituting a large and capable workforce, in obtaining various jobs in the community.

ODC's workforce is also utilized through custom product manufacturing and subcontracting within our facilities.

Have you ever filed application or I	peen employed	by ODC before?	Yes 🔲	No 🗖			
When:	Where:		F	Position:			
Have you ever been discharged or	forced to resign	n from a position?	Yes 🗖	No 🗖			
Are you presently employed?	Yes 🔲	No 🖵	When cou	ld you report fo	or work?	/ /	
May we contact your present empl	oyer? Yes	□ No □					
Do any of your friends work here?	Yes 🔲 No 🗓	Do any of yo	ur relatives	excluding your	spouse work	chere? Yes 🖵	No 🗖
If yes, list name(s):							
Do you have a valid driver's licens	e? Yes	□ No □	If	yes, what clas	s?		
Can you travel if a job requires it? If travel is required, you MUST submit a cop and Vehicle Services Division - Records Unidriving record.	y of your driving reco	No ord with this application. If the website www.mndrive	Individual drivin einfo.org. Confi	g records can be o identiality policies r	btained from the equire each indi	Dept of Public Safety vidual to request his/h	Driver er own
Are you legally eligible for employr	nent in the Unite	ed States? Yes	l N	lo u			
Are you at least 18 years old?	Yes 🗖	No 🗖					
List names, addresses and phone 1.	numbers of thre 2.	ee (3) personal refer	ences not re	elated to you: 3.			
Describe any unpaid work experier job for which you have applied:	nce (such as vo	lunteer activities), in	terests, skill	s or achieveme	ents helpful to	o you in performir	ng the

EMPLOYMENT HISTORY (list last or present position first)

Most recent or current employer		Still employed?	Yes No D
Address Street City		State	Zip
Type of business			
Employed as (starting)	Date		Salary
□ current position or□ position at termination	Date		Salary
List job responsibilities	·		
Reason for leaving			
Supervisor	Telenh	none number	
Oupervisor	Тетері		
2nd most recent employer			
Address Street City		State	Zip
Type of business			
Employed as (starting)	Date		Salary
Employed as (at termination)	Date		Salary
List job responsibilities			
December leaving			
Reason for leaving			
Supervisor	Teleph	none number	
3rd most recent employer	·		
Address Street City		State	Zip
Type of business			
Employed as (starting)	Date		Salary
Employed as (at termination)	Date		Salary
List job responsibilities			
Reason for leaving			
Supervisor	Teleph	none number	

RECORD OF EDUCATION

SCHOOL	YEARS ATTENDED	NAME AND ADDRESS OF SCH	OOL	COURSES STUDIED	DID YOU GRAD?	TYPE OF DEGREE
Grade School						
High School					YES 🔲 NO 🚨	
College or University					YES 🔲 NO 🚨	
Other Education or Training					YES ONO	
Favorite subjec	ts in school:					
		BUSINESS/PROFESS	SIONAL REFER	ENCES		
	Name	Company	Title		Phone Number	
MILITARY SERVICE						
	ERVE IN THE U		S NO D			
DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:						
EMPLOYMENT AGREEMENT In consideration of my employment by ODC, Inc., I agree that all information and materials to which I obtain access or possession during the period of my employment and relating to ODC business shall be considered the property of ODC, and except as required and authorized by the company, I will not disclose or transmit to others any of such information and materials. All of such information and materials will be left with the ODC at the time I terminate my employment with ODC. Such information and materials referred to may relate to present and future products; purchasing and manufacturing; sales, advertising, promotion and customers; accounting and administration; company personnel and their activities; relationships with other companies; and other aspects of ODC business. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary to arriving at an employment decision. I understand and agree that this employment application, by itself or together with other company documents or policy statements, does not create a contract for employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.						
Date		Signature of Applicant		Occ.	apational developm	ent center

08/15

APPLICANT DATA RECORD

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Applications for Employment. Position Applied for ☐ Advertisement ☐ Friend ☐ Relative ☐ ODC Website Referral Source: ☐ Employment Agency ☐ Other Applicant Name Phone Number AFFIRMATIVE ACTION SURVEY This data is for analysis and affirmative action only. Submission of information is voluntary. Check one: ■ Male ☐ Female Check all that apply: ■ White Race/Ethnic Group: ■ Black or African American ☐ Hispanic or Latino ☐ American Indian or Alaska Native □ Asian ■ Native Hawaiin or other Pacific Islander Check if any of the following are applicable:

☐ Other Protected Veteran (Active duty during a war or campaign)

□ Vietnam Era Veteran□ Disabled Veteran

☐ Disabled Individuals

☐ Newly Separated Veteran (last 12 months)

FOR EMPLOYER'S USE ONLY

R	Contact	Person Contacted	Results
E F E	1		
R		Date:	
E N C E	2	Date:	
C H	3	Date:	
E C K	4	Date:	

How long have you known him/her?
Relationship?
Temperament of the person?
Able to work unsupervised?
Trustworthy and dependable?
Does he/she get along with co-workers?
Does he/she show leadership ability?
Would you hire or rehire this person?

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Relationship?
Temperament of the person?
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Trustworthy and dependable?
Does he/she get along with co-workers?
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Would you hire or rehire this person?

3. How long have you known him/her?
Relationship?
Temperament of the person?
Able to work unsupervised?
Trustworthy and dependable?
Does he/she get along with co-workers?
Does he/she show leadership ability?
Would you hire or rehire this person?

4. How long have you known him/her?
Relationship?
Temperament of the person?
Able to work unsupervised?
Trustworthy and dependable?
Does he/she get along with co-workers?
Does he/she show leadership ability?
Would you hire or rehire this person?