



occupational development center

Manufacturing and Service with a Mission

www.odcmn.org

ADMINISTRATION

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

Employment Application

An Equal Opportunity Employer

Date

Name in full First Middle Initial Last

Present address Street

City State Zip

Phone

Permanent address Street

City State Zip

Phone

Daytime phone number

Position(s) desired

Are you seeking: Full Time [ ] Temporary [ ] Part Time [ ] Summer [ ]

Earnings expected:

BAUDETTE

1600 20th Avenue W
International Falls, MN 56649

GRAND RAPIDS

401 SE 11th Street
Grand Rapids, MN 55744

BEMIDJI

1219 Naylor Drive SE
Bemidji, MN 56601

INTERNATIONAL FALLS

1600 20th Avenue W
International Falls, MN 56649

BUHL

100 S Industrial Park Rd
Buhl, MN 55713

ROSEAU

1307 3rd Street NE, Suite 108
Roseau, MN 56751

CROOKSTON

622 University Ave., Suite 3
Crookston, MN 56716

THIEF RIVER FALLS

1520 Highway 32 S
Thief River Falls, MN 56701

WARREN

1008 North 2nd Street
Warren, MN 56762

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 been employed by ODC before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When: _____	Where: _____	Position: _____
Have you ever been discharged or forced to resign from a position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When could you report for work? _____ / _____ / _____		
May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do any of your friends work here? Yes  No  Do any of your relatives excluding your spouse work here? Yes  No

If yes, list name(s): \_\_\_\_\_

Do you have a valid driver's license? Yes  No  If yes, what class? \_\_\_\_\_

Can you travel if a job requires it? Yes  No

If travel is required, you MUST submit a copy of your driving record with this application. Individual driving records can be obtained from the Dept of Public Safety Driver and Vehicle Services Division - Records Unit at 651-215-1335 or the website www.mndriveinfo.org. Confidentiality policies require each individual to request his/her own driving record.

Are you legally eligible for employment in the United States? Yes  No

Are you at least 18 years old? Yes  No

List names, addresses and phone numbers of three (3) personal references not related to you:

1.	2.	3.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any unpaid work experience (such as volunteer activities), interests, skills or achievements helpful to you in performing the job for which you have applied:

### EMPLOYMENT HISTORY (list last or present position first)

Most recent or current employer		Still employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address	Street	City	State Zip
Type of business			
Employed as (starting)		Date	
<input type="checkbox"/> current position or <input type="checkbox"/> position at termination		Date	
List job responsibilities			
Reason for leaving			
Supervisor		Telephone number	

2nd most recent employer			
Address	Street	City	State Zip
Type of business			
Employed as (starting)		Date	
Employed as (at termination)		Date	
List job responsibilities			
Reason for leaving			
Supervisor		Telephone number	

3rd most recent employer			
Address	Street	City	State Zip
Type of business			
Employed as (starting)		Date	
Employed as (at termination)		Date	
List job responsibilities			
Reason for leaving			
Supervisor		Telephone number	

**RECORD OF EDUCATION**

SCHOOL	YEARS ATTENDED	NAME AND ADDRESS OF SCHOOL	COURSES STUDIED	DID YOU GRAD?	TYPE OF DEGREE
Grade School	X			X	X
High School	X			YES <input type="checkbox"/> NO <input type="checkbox"/>	X
College or University				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Education or Training				YES <input type="checkbox"/> NO <input type="checkbox"/>	

Favorite subjects in school:

**BUSINESS/PROFESSIONAL REFERENCES**

Name	Company	Title	Phone Number

**MILITARY SERVICE**

DID YOU SERVE IN THE U.S. ARMED FORCES?      YES     NO

IF YES, WHAT BRANCH? \_\_\_\_\_

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



## 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.

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Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     ODC Website  
 Employment Agency     Other \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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## 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:**

Race/Ethnic Group:     White     Black or African American     Hispanic or Latino  
 American Indian or Alaska Native  
 Asian     Native Hawaiian or other Pacific Islander

**Check if any of the following are applicable:**

- Vietnam Era Veteran
- Disabled Veteran
- Other Protected Veteran (*Active duty during a war or campaign*)
- Disabled Individuals
- Newly Separated Veteran (last 12 months)

**FOR EMPLOYER'S USE ONLY**

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

1. 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?

2. 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?

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?