



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

BAUDETTE

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

GRAND RAPIDS

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

BEMIDJI

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

INTERNATIONAL FALLS

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

BUHL

100 S Industrial Park Rd
Buhl, MN 55713
(218) 258-8926 / 258-8951 FAX

ROSEAU

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

CROOKSTON

310 S Broadway, Suite 7
Crookston, MN 56716
(218) 281-3326 / 281-2115 FAX

THIEF RIVER FALLS

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

WARREN

1008 North 2nd Street
Warren, MN 56762
(218) 745-4401 / 745-4401 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:

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 No

When: _____ Where: _____ Position: _____

Have you ever been discharged or forced to resign from a position? Yes No

Are you presently employed? Yes No When could you report for work? _____ / _____ / _____

May we contact your present employer? Yes No

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	Salary
<input type="checkbox"/> current position or <input type="checkbox"/> position at termination		Date	Salary
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	Salary
Employed as (at termination)		Date	Salary
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	Salary
Employed as (at termination)		Date	Salary
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.

Date _____

Position Applied for _____

Referral Source: Advertisement Friend Relative ODC Website
 Employment Agency Other _____

Applicant Name _____ Phone Number _____

Address _____

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

R E F E R E N C E C H E C K	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?