

# SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL, INC.

1106 3<sup>rd</sup> Ave PO Box 787  
 Worthington, MN 56187  
 Phone 507-376-4195 or  
 1-800-658-2444  
 Fax 507-376-3636



**SMOC Application for Employment**  
 An Equal Opportunity / Affirmative Action Employer

<b>Job #</b>
<b>App#</b>
<b>Position for which you are applying:</b>
<b>Date of Application:</b> Mo <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/>
<b>Social Security Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Last Name	First Name	MI	Former Name(s)	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address		Apt No.	Home Phone	Cell Phone
City	State	Zip	Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone

Are you a United States Citizen OR if not, do you have permission to work in this country? Yes  No

If position requires driving, please provide Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Class: \_\_\_\_\_

If position requires certificate, registration or occupational license, please provide information:  
 Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you worked for SMOC before? Yes  No  If yes, which department and the dates employed.

Have you ever been fired? Yes  No  If yes, state employer, date and explain.

Name of High School attended and location: \_\_\_\_\_ Did you graduate from High School or receive a GED?  
 Yes  No  Yr \_\_\_\_\_

How many years of education have you had?  
 Circle one: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name and location of College, University, Technical, Professional, Business, Trade, Vocational or other school:	Dates Attended From Mo/Yr	To Mo/Yr	Cert or Degree	Date Rec'd	Major	Minor

Please give three (3) references:

NAME	ADDRESS	PHONE

Experience and training ratings are determined by the information you provide. Please be complete.

Present or last employer				Address		City		State	
Job title			Supervisor			Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo:      Yr:	To Mo:      Yr:	Total time Yrs:      Mons:		<input type="checkbox"/> Full time or <input type="checkbox"/> Part time _____Hrs/Wk		Starting salary \$		Ending salary \$	
Reason for leaving									
Specific duties									
Second last employer				Address		City		State	
Job title			Supervisor			Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo:      Yr:	To Mo:      Yr:	Total time Yrs:      Mons:		<input type="checkbox"/> Full time or <input type="checkbox"/> Part time _____Hrs/Wk		Starting salary \$		Ending salary \$	
Reason for leaving									
Specific duties									
Third last employer				Address		City		State	
Job title			Supervisor			Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From Mo:      Yr:	To Mo:      Yr:	Total time Yrs:      Mons:		<input type="checkbox"/> Full time or <input type="checkbox"/> Part time _____Hrs/Wk		Starting salary \$		Ending salary \$	
Reason for leaving									
Specific duties									

**I understand that I or SMOC may terminate my employment at any time without any reason and that nothing in this application or in the granting of interviews creates a contract of employment or for providing any benefit. I understand that to be employed I must be authorized to work in the United States, and must provide documents to prove this.**

**I authorize SMOC to investigate thoroughly my work and personal history and verify all data given it. In return for being considered for a position, I release SMOC from any liability which might arise from such an investigation. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.**

**I CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OR WILLFUL OMISSION MAY RESULT IN DISMISSAL OR REFUSAL OF EMPLOYMENT.**

**Signature of applicant:**

**Date:**

*Reasonable accommodations for special needs will be furnished upon request.*

Dear Applicant:

We appreciate your interest in working for Southwestern Minnesota Opportunity Council, Inc.

Attached you will find a statistical questionnaire. The information that we are requesting will not affect you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in personnel files and will not be made available to any person involved in decisions affecting the position for which you have made application. Nor will it affect the decision making process as it applies to promotions once a position has been secured. We ask all applicants to answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees.

You may choose to decline to answer the questionnaire. However, in order to verify that we offered you the opportunity to complete the questionnaire, please sign your name on the signature line and return it with your application.

Thank you for your assistance.

Cordially,

Affirmative Action Officer

# SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL

Job# \_\_\_\_\_

App# \_\_\_\_\_

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## **STATISTICAL INFORMATION**

The following statistical information is required for compliance with Federal laws assuring equal employment opportunity without regard to race, color, sex, national origin, religion, age, or handicap as well as the Vietnam Era Readjustment Act. The information requested is voluntary and will remain separate from your application for employment.

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY:	STATE:
APPLICATION DATE:	SOCIAL SECURITY #:	BIRTHDATE:
		ZIP:
<input type="checkbox"/> <b>EEO CODES</b> (see choices below) A – White Male                      F – Hispanic Female (Spanish Origin) B – White Female                    G – American Indian/Alaskan Native Male C – Black Male                        H – American Indian/Alaskan Native Female D – Black Female                    I – Asian or Pacific Islander Male E – Hispanic Male                    J – Asian or Pacific Islander Female (Spanish Origin)		
<input type="checkbox"/> <b>Are you handicapped?</b> (An impairment which substantially limits one or more of your life activities)                      Y or N		
<input type="checkbox"/> <b>Are you a disabled veteran?</b> (30% VA compensation or discharged because of disability incurred in the line of duty)                      Y or N		
<input type="checkbox"/> <b>Are you a Vietnam era veteran?</b> (180 days active duty between August 15, 1964 and May 7, 1975)                      Y or N		
<input type="checkbox"/> <b>REFERRAL SOURCE:</b> A – Walk in / Write in                      E – Minority Referral Agency B – Ad Response                              F – CETA Referral C – State Employment Agency            G – Private Employment Agency D – College Placement Office            H – SMOC Employee:		
JOB YOU HAVE APPLIED FOR:		
LOCATION APPLICATION IS MADE FOR:	CITY:	STATE:
SIGNATURE:		

<i>OFFICE USE ONLY</i>
DEPT APPLICATION IS MADE FOR: _____
EEO STAFF USE ONLY: _____