

SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL, INC.

1106 3rd 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

| |
|--|
| Job # |
| App# |
| Position for which you are applying: |
| Date of Application: Mo <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr <input type="text"/> <input type="text"/> |
| Social Security Number: <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 | | Cert or Degree | Date Rec'd | Major | Minor |
|---|----------------|----------|----------------|------------|-------|-------|
| | From Mo/Yr | To Mo/Yr | | | | |
| | | | | | | |
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Please give three (3) references:

| NAME | ADDRESS | PHONE |
|------|---------|-------|
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| | | |
| | | |

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.