

# Winona ORC Industries Staff Employment Application



## **Application Guidelines**

**To ensure that your application will be accurately processed:**

- ✓ **Complete a separate application for each position for which you are applying.**
- ✓ **Make sure the application is completed in its entirety.**
- ✓ **Incomplete applications may not receive further consideration.**
- ✓ **No resume will be accepted without a completed application form.**

*Winona ORC Industries welcomes you as an applicant. It is the policy of Winona ORC Industries to provide equal opportunity to all employees and applicants. Winona ORC Industries will not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Managers and supervisors are required to make all employment decisions based on individual ability and merit, without discrimination or unlawful preference.*

*Upon request, accommodations will be provided to applicants in accordance with American with Disabilities Act (ADA). Please call 507.452.1855.*

**Please complete this application form and return to:**

**Winona ORC Industries  
Human Resource  
1053 East Mark Street  
Winona, MN 55987**

or email to [hr@worcind.org](mailto:hr@worcind.org)

WINONA ORC INDUSTRIES STAFF APPLICATION

**Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)**

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>POSITION APPLYING FOR:</b>   |                                 | <b>DATE:</b>                                   |  |
| <b>Applicant Information</b>  |                                 |  |  |
| Last Name   | First Name                      | MI   |  |
| Street Address  |                                 | Apartment/Unit #                               |  |
| City  |                                 | State  | ZIP Code   |
| Home Phone<br><br>(    )  | Cell Phone<br><br>(    )        | Work Phone<br><br>(    )                       |  |
| When are you available to start work?   |                                 | Desired Wage:                                  | \$   |
| Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? |                                 |  | YES<br><input type="checkbox"/>                          |
|   |                                 |  | NO<br><input type="checkbox"/>                           |
| If you are under age 18, Please state your age:   |                                 | If under age 18 can you supply working papers? |  |
|   |                                 | YES<br><input type="checkbox"/>                | NO<br><input type="checkbox"/>                           |
| Have you ever worked for this company?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/>                 | If yes, when?  |
| Have you ever been convicted of a felony?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/>                 | If yes, explain:   |
| Are any of your relatives presently employed with the company?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/>                 | If yes, name the relative:                               |
| How were you referred?: <input type="checkbox"/> Winona Daily News <input type="checkbox"/> Winona Post <input type="checkbox"/> Company Website <input type="checkbox"/> MinnesotaWorks.net<br><input type="checkbox"/> Other, Please explain:     |                                 |  |  |
| <b>Education</b>  |                                 |  |  |
| High School:  |                                 | From:  | To:  |
| Address:  |                                 | Did you graduate?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| College:  |                                 | From:  | To:  |
| Address:  |                                 | Did you graduate?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other:  |                                 | From:  | To:  |
| Address:  |                                 | Did you graduate?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Other Licenses or Certifications</b>   |                                 |  |  |
| <i>Please list any other licenses, registrations, or certificates that are required or pertinent to the position for which you are applying.</i>  |                                 |  |  |
| License or Certificate  | Licensing Agency                | Expiration Date                                | License # if Applicable                                  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |
|   |                                 |  |  |

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| Please give accurate, complete employment information. List your present or most recent experience first. |  |           |  |                |  |                                 |                                |
|---|--|-----------|--|----------------|--|---------------------------------|--------------------------------|
| EMPLOYMENT HISTORY  |  |           |  |                |  |                                 |                                |
| Employer:   |  |           |  | Phone:         |  | ( )                             |                                |
| Address:  |  |           |  |                |  |                                 |                                |
| Supervisor's Name & Title   |  |           |  |                |  |                                 |                                |
| Your title:   |  |           |  |                |  |                                 |                                |
| Start Date:   |  | End Date: |  | Starting Wage: |  | Ending Wage:                    |                                |
| Reason for Leaving:   |  |           |  |                |  |                                 |                                |
| Major Duties & Responsibilities:  |  |           |  |                |  |                                 |                                |
|   |  |           |  |                |  |                                 |                                |
| May We contact this employer regarding your work record?  |  |           |  |                |  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Employer:   |  |           |  | Phone:         |  | ( )                             |                                |
| Address:  |  |           |  |                |  |                                 |                                |
| Supervisor's Name & Title   |  |           |  |                |  |                                 |                                |
| Your title:   |  |           |  |                |  |                                 |                                |
| Start Date:   |  | End Date: |  | Starting Wage: |  | Ending Wage:                    |                                |
| Reason for Leaving:   |  |           |  |                |  |                                 |                                |
| Major Duties & Responsibilities:  |  |           |  |                |  |                                 |                                |
|   |  |           |  |                |  |                                 |                                |
| May We contact this employer regarding your work record?  |  |           |  |                |  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Employer:   |  |           |  | Phone:         |  | ( )                             |                                |
| Address:  |  |           |  |                |  |                                 |                                |
| Supervisor's Name & Title   |  |           |  |                |  |                                 |                                |
| Your Title:   |  |           |  |                |  |                                 |                                |
| Start Date:   |  | End Date: |  | Starting Wage: |  | Ending Wage:                    |                                |
| Reason for leaving:   |  |           |  |                |  |                                 |                                |
| Major Duties & Responsibilities:  |  |           |  |                |  |                                 |                                |
|   |  |           |  |                |  |                                 |                                |
| May We contact this employer regarding your work record?  |  |           |  |                |  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

WINONA ORC INDUSTRIES STAFF APPLICATION

**SKILLS & ABILITIES**

Please list your **job-related** skills and abilities, special activities, professional interest, honors, published reports, awards, or other information that pertains to the position for which you are applying. Include any professional training and/or seminars.

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**VOLUNTEER ACTIVITIES**

Please list your **job-related** volunteer activity information that pertains to the position for which you are applying.

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**PROFESSIONAL REFERENCES**

| NAME & ADDRESS | OCCUPATION | WORK PHONE | HOME PHONE |
|----------------|------------|------------|------------|
|                |            | ( )        | ( )        |
|                |            | ( )        | ( )        |
|                |            | ( )        | ( )        |

**DRIVERS LICENSE(S)**

Please complete ***only*** if the position you are applying for requires you to drive as part of your duties. Applicants/employees who drive a Winona ORC Industries vehicle or their own vehicle for company purposes must maintain a satisfactory driving record as a condition of employment.

| Driver's License # | State Issued | License Class<br>(A,B,C, D or CDL) | Expiration Date |
|--------------------|--------------|------------------------------------|-----------------|
|                    |              |                                    |                 |
|                    |              |                                    |                 |
|                    |              |                                    |                 |
|                    |              |                                    |                 |

**NOTIFICATION AND AUTHORIZATION**

***Before signing this application form, please read the following waiver carefully.***

1. **I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**
2. Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.
3. I understand that offers of employment with Winona ORC Industries will be conditioned to my submitting to and passing a background check with the Department of Health and Human Services. I also understand that offers of employment will be conditioned on my submitting to and passing a pre-employment drug screening, as outlined in Winona ORC Industries separate Drug and Alcohol Policy.
4. I understand that If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Executive Director, or to make any agreement contrary to the foregoing.
5. I authorize Winona ORC Industries to investigate any job-related information contained in this application or otherwise provided by me, including educational institutions, previous employers, and references. Moreover, I hereby release Winona ORC Industries and any agent acting on its behalf from any and all liabilities of any nature due to requesting such information from any person. I hereby authorize all employers, educational institutions, entities and persons listed in this application or identified by me to provide information concerning my personal character, habits, or employment record and release them from all liability for issuing such information.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



WINONA ORC INDUSTRIES STAFF APPLICATION

Winona ORC Industries, Inc  
1053 East Mark Street • Winona, MN 55987  
Telephone: (507) 452-1855 • Fax: (507) 452-1857  
An Equal Opportunity, Affirmative Action Employer

## Applicant Survey Form

Name: \_\_\_\_\_  
Last First MI

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative actions program, and report the results to governmental agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*.\* When we receive this form, we will immediately place it in a confidential file separate from you application.

**RACE/ETHNICITY – SELECT ONE OR MORE**

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South of Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Disability – Are you a person with a disability?**

- Yes  No

**Gender**

- Female  Male

\* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.