

Winona ORC Industries Application for Services



Winona ORC Industries welcomes you as an applicant. It is the policy of Winona ORC Industries to provide equal opportunity to all applicants. Winona ORC Industries will not discriminate against or harass any employee or application because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance.

Please complete this application form and return to:
Winona ORC Industries
Attn: Director of Client Services
1053 E Mark Street
Winona, MN 55987
or email to: casemanagement@winonaorc.org

Referral Date: _____ Referred By: _____

Funding

DD Waiver CADI Waiver Extended Employment: Other: Explain: _____

Work Availability

Transportation to/from work: Drive City Transit Bus WORC Bus Other (family, friend, bike, walk)
Scheduling Information: Part-time Full-time

Please list your available times below:

Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:
Sunday:	

Hours Requested: _____

Education

	Name & Location of School	# of years attended	Did you graduate	Degree
High School				
Vocational School				
College / University				
Graduate School				

Employment History

Most Recent

Employer:		
Address:		
Phone Number:		
Supervisor:		
Position / Title:		
Responsibilities:		
Start Date:	End Date:	Ending Wage:
Reason for Leaving:		

Previous Position

Employer:		
Address:		
Phone Number:		
Supervisor:		
Position / Title:		
Responsibilities:		
Start Date:	End Date:	Ending Wage:
Reason for Leaving:		

Previous Position

Employer:		
Address:		
Phone Number:		
Supervisor:		
Position / Title:		
Responsibilities:		
Start Date:	End Date:	Ending Wage:
Reason for Leaving:		

May ORC contact these employers for references? Yes No

References

(Excluding Relatives)

Name	Occupation	Phone	Email

APPLICANTS STATEMENT

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 as may be necessary in arriving at a decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Winona ORC participates in the E-verify program through United States Citizenship and Immigration Services – Department Homeland Security.

Printed Name

Date

Signature



Applicant Survey Form

Name: _____
Last First MI

Winona ORC Industries, Inc. is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program. Applicants for employment are invited to participate in the affirmative action program by reporting their status as a minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

RACE/ETHNICITY

Check all that apply.

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Pacific Islander
- Asian
- American Indian or Alaskan Native

GENDER

- Female
- Male
- I do not wish to self-identify

Name

Date

Signature