

Applicant Survey Form

COMMUNITY OPTIONS & RESOURCES

An Equal Opportunity, Affirmative Action Employer

First Name

Middle Initial

Last Name

Phone Number

Date

E-mail

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government 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 your application. If you wish, you may mail this form to us at COR, Box 333, Sherburn, MN 56171 attn: Human Resources in an envelope separate from the one that contains your application.

Race/Ethnicity – Select one

- American Indian or Alaska 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 the 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 or 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.
- Two or more races (not Hispanic or Latino)

Disability - Are you a person with a disability?

- Yes
- No

Sex – Select one

- 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.

COMMUNITY OPTIONS & RESOURCES
330 ½ Fox Lake Avenue, PO Box 333, Sherburn, MN 56171
(507) 764-4612

www.cormn.com

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

This organization does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity, marital status, familial status, membership or activity in a local human rights commission, status with regard to public assistance, age, or disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however, its receipt does not imply that the applicant will be interviewed or employed. COR is an E-Verify and Right to Work participant. EEO/AA

PERSONAL INFORMATION			
NAME:			
FIRST	LAST	MAIDEN/PREVIOUS	e-mail address
PRESENT ADDRESS:			TELEPHONE NUMBER:
STREET	CITY	STATE	ZIP CODE
Are you legally able to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____			

EDUCATION		
	NAME OF SCHOOL	LOCATION (CITY, STATE)
HIGH SCHOOL		
COLLEGE, VOCATIONAL, BUSINESS		

EMPLOYMENT RECORD (List last or present position first)			
PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED	POSITION & DUTIES	REASON FOR LEAVING
Name _____ City/State _____ Supervisor's Name _____ Telephone Number _____ May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	From		
	To		
Name _____ City/State _____ Supervisor's Name _____ Telephone Number _____ May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	From		
	To		
Name _____ City/State _____ Supervisor's Name _____ Telephone Number _____ May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	From		
	To		

Are You Employed Now? Yes No

Please explain all periods of unemployment: _____

An approved background study is required for employment (a conviction itself does not constitute an automatic bar to employment, the seriousness of the crime and date of the conviction will be considered).

AVAILABILITY RECORD

Our services are twenty-four hours a day/seven days a week, including weekends and holidays.

Date available _____

Position for which you are applying _____

Are you interested in: Full Time Part Time Desired wage _____

Are you available to work: *Daytimes?* YES NO *Evenings?* YES NO
Awake Overnights? YES NO *Sleep Overnights?* YES NO

APPLICATION QUESTIONNAIRE:

1. Have you ever been employed by Community Options & Resources? YES NO
2. This position may require transporting people and a need to drive a COR vehicle. Do you have a valid driver's license in your state of residence?
 YES NO
3. How did you hear about employment at COR? Please specify (names, newspapers, etc.).
 Person: Name: _____
 Newspaper
 Website
 Facebook
 Other: _____

I voluntarily give COR the right to thoroughly investigate my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

APPLICANT'S SIGNATURE

DATE