

Opportunity Resources, Inc.
APPLICATION PACKET

An ORI Application, purple Application Form, EEO Survey and Background Information Release must be turned in prior to the closing date and time listed. You do not need to turn in an ORI Application if an Application has been filed at Opportunity Resources in the last six months unless you want your most recent experience considered in the screening process.

APPLICATION:

- Be sure to **complete ALL information requested**. If a particular item does not apply, enter "N/A."
- **Initial screening of applicants is based solely upon information recorded on the Application therefore, it is important to thoroughly describe any experiences, which relate to the position being applied for.** A copy of the position description is provided for reference.

DO NOT INCLUDE RESUMES, LETTERS OF REFERENCE, OR ANY OTHER SUPPLEMENTAL INFORMATION, IT WILL NOT BE ACCEPTED FOR REVIEW DURING THE INITIAL SCREENING PROCESS. IF SELECTED FOR AN INTERVIEW, YOU MAY THEN PRESENT SUPPORTING DOCUMENTS FOR REVIEW AND DISCUSSION.

EEO SURVEY FORM:

- As an Equal Employment Opportunity Employer, we are required to maintain certain information. Please complete the enclosed survey form, which will assist us in this effort.
- Please note that this information is **NOT** used in our hiring decision. This information is filed separately from your application and is kept anonymous to assure that no discrimination occurs.

BACKGROUND INFORMATION RELEASE:

- A Background Information Release form is required with all applications.
- This information is filed separately from your application. Background checks are completed only on applicants offered a position with Opportunity Resources.

**RETURN COMPLETED APPLICATION,
BACKGROUND INFORMATION RELEASE AND EEOC SURVEY FORMS TO:
OPPORTUNITY RESOURCES, INC.
2821 South Russell
Missoula, MT 59801
or FAX (406) 721-8744**

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER APPLICATION SURVEY

Position Applied For: _____

Date: _____

To aid Opportunity Resources, Inc., in its commitment to Equal Opportunity, we ask your cooperation in completing this form. You are, however, under no obligation to do so, and your response will not affect your employment eligibility in any way. Any information you volunteer will be kept confidential. This form will be removed from your application prior to consideration for employment and will be used solely for statistical purposes.

<input type="checkbox"/> Male <input type="checkbox"/> Female	Age ____	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE CHECK ONLY **ONE** IN THIS SECTION:

- HISPANIC OR LATINO**
(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)
- WHITE (NOT HISPANIC OR LATINO)**
(A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
- BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO)**
(A person having origins in any of the Black racial groups of Africa.)
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO)**
(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- ASIAN (NOT HISPANIC OR LATINO)**
(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 Island, Thailand and Vietnam.)
- AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO)**
(A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)
- TWO OR MORE RACES (NOT HISPANIC OR LATINO)**
(All person who identify with one or more of the above five races.)

PLEASE CHECK **ALL** WHICH APPLY IN THIS SECTION:

- VETERAN WITH A DISABILITY**
(Any person entitled to disability compensation under laws administered by the Veterans Administration or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.)
- PERSON WITH A DISABILITY**
(Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.)
- VETERAN OF THE VIETNAM ERA**
(Any person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, or a veteran meeting the above criteria who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975, with a release or discharge other than dishonorable.)
- OTHER ELIGIBLE AND WAR VETERANS**

BACKGROUND INFORMATION RELEASE

Have you ever been convicted of any criminal offense (misdemeanor or felony)?

Yes No Date: _____

I, _____, give Opportunity Resources, Inc. my permission to conduct a background investigation. I here by authorize any law enforcement agency and/or child protection agency to release any records they have regarding me to the DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, Family Services Program, 610 Woody, Missoula, MT 59802. I understand that my potential employment is contingent upon these reports. A photocopy of this form is as valid as the original.

I also authorize Opportunity Resources, Inc. to obtain a copy of my motor vehicle record to evaluate my insurability or for other permissible uses related to my employment. By signing this disclosure, I hereby authorize Opportunity Resources, Inc. to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

Signature _____
Date

Date of Birth: _____ Place of Birth: _____

Full name given at Birth: _____

Other name(s) used: _____

Social Security Number: _____

Driver's License: _____
(State & number)

Street Address City State Zip

**PLEASE LIST WHERE YOU HAVE RESIDED FOR THE PAST FIVE YEARS.
ATTACH ADDITIONAL PAGES IF NECESSARY.**

City	County	State	Dates of Residency (from-to)

***THIS INFORMATION IS REMOVED FROM YOUR APPLICATION
PRIOR TO ANY SCREENING PROCESS***

FOR OFFICIAL USE ONLY

APS MV	Sent	Received	Criminal