**Notice to Applicants:** Complete all applicable areas of the employment application form. Do not mark the form “see resume.” Although you are not legally required to provide any of the information on this form, failure to provide complete, accurate information may reduce your opportunity for employment with Otter Tail Lakes Country Association. Employment application forms must be signed and received by the posted deadline to receive consideration.

######

###### PERSONAL INFORMATION

|  |  |
| --- | --- |
| Full Name (First, Middle, Last) | Alias/Former/Maiden Name(s) |
| Street Address | City, State, Zip Code |
| Primary Phone | Alternate Phone | Email Address |
| Are you either a United States citizen or legally eligible to hold employment in the United States?[ ]  Yes [ ]  No | Do you have any special needs which may necessitate accommodation in the application/interview process? [ ]  Yes [ ]  NoIf yes, describe the type of accommodation requested: |

##

##  POSITION INFORMATION

|  |  |
| --- | --- |
| Position Applying For | Date Available to Start Work |
| How did you learn of this job? |

# WORK & VOLUNTEER EXPERIENCE

# *List all work experience and relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary to include your entire employment history.*

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

|  |  |
| --- | --- |
| Employer/Organization Name | Job Title |
| Address | Name and Title of Supervisor |
| Telephone | Dates Employed (mm/yyyy – mm/yyyy) |
| Primary Duties and Responsibilities | Reason for Leaving |

# EDUCATION

# *You may be asked to provide official copies of your degree/diploma to be considered for employment with Otter Tail Lakes Country Association. Attach additional sheets if necessary to include your entire educational history.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School** | **School Name** | **City & State of School** | **Course of Study** | **Dates of Attendance (mm/yy)** | **Did you receive a diploma or degree?** |
| High School |  |  |  | Do not list dates of attendance for high school | [ ]  Yes [ ]  No[ ]  In Progress |
| College/University |  |  |  |  | [ ]  Yes [ ]  No[ ]  In Progress |
| Technical/Vocational |  |  |  |  | [ ]  Yes [ ]  No[ ]  In Progress |
| Graduate |  |  |  |  | [ ]  Yes [ ] No[ ]  In Progress |
| Other |  |  |  |  | [ ]  Yes [ ]  No[ ]  In Progress |

# TECHNOLOGY SKILLS

# *Indicate level of experience and/or knowledge.*

 **N** = None  **B** = Basic **W** = Working **E** = Expert

|  |  |  |  |
| --- | --- | --- | --- |
| Microsoft Word:  | Microsoft Excel:  | Microsoft Access:  | Microsoft PowerPoint:  |
| Word Press: | Social Media:  | Customer Relationship Management Software (CRM): | Photography: |
| Other Technology Experience and/or Knowledge: |

# PROFESSIONAL REFERENCES

# *These should be people able to discuss your qualifications for the position you seek, including managers, directors, or heads of departments under whom you have worked. Do not include relatives. The Association reserves the right to contact all prior employers, educational institutions or organizations where you have volunteered in addition to references listed below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | How does this reference know the applicant? | Address | Phone Number |
|  |   |  |  |
|  |  |  |  |
|  |  |  |  |

#### CRIMINAL BACKGROUND INFORMATION

|  |
| --- |
| Otter Tail Lakes Country Association will request information regarding criminal history in the event that you become a finalist for this position. For certain positions, criminal background information will be requested during the application stage. Further, the Association may conduct a criminal background investigation on individuals upon making a contingent job offer.  |

**PRIOR EMPLOYMENT**

|  |
| --- |
| Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? [ ]  Yes [ ]  NoIf yes, identify the employer and describe the circumstances:How many days were you inexcusably absent from work during the preceding three (3) years for reasons other than illness or injury of you or your immediate family? |

#### PERSONAL STATEMENTS

#### *Based on your understanding of this position and our organization, why are you interested in being the Sales and Marketing Specialist for Otter Tail Lakes Country Association?*

|  |
| --- |
|  |

#### *Describe your previous sales experience as well as any experience working with the public or customers in a professional setting.*

|  |
| --- |
|  |

#### *To be effective, the selected candidate must be detailed and highly organized. Describe how you’ve demonstrated these skills in previous work settings.*

|  |
| --- |
|  |

#### CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Otter Tail Lakes Country Association.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Board or the appointing authority referenced in the job description, and that until such approval, the Association shall not be liable for reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (volunteer organizations) and references named in this application, or any agent of such a former employer or organization, to release to the Association and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Otter Tail Lakes Country Association will use this information to determine my fitness/qualifications for the position I am seeking.

**I hereby release** Otter Tail Lakes Country Association and all current and former employers, organizations and references listed herein and any and all agents acting on behalf of said Association, former employers, organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signed Electronically by Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_