

# EMPLOYMENT APPLICATION

Complete all sections and return to:

**TRI-VALLEY OPPORTUNITY COUNCIL, INC.**

102 North Broadway – P.O. Box 607

Crookston, MN 56716

(218) 281-5832 / 1-800-584-7020

**Tri-Valley Opportunity Council, Inc. is an  
ADA - Affirmative Action- Equal Opportunity Employer.**

We request that all sections of this application be completed, even if submitting a resume. The purpose and intended use of your confidential data will be used in the recruitment and selection process of the position(s) you are applying for. Only persons involved with this process will have access to your information. Should you become an employee of Tri-Valley, your data will then fall under the personnel record policy. You have the right to refuse to supply any requested data. However, this may limit our ability to identify your skills and qualifications. If you need assistance in completing this application, please call the above numbers. *Si usted necesita asistencia en llenar esta aplicacion, llame al 1-800-584-7020 o 218-281-5832.*

\* TDD 1-800-627-3529 \*

Position(s) Applied For:		Date of Application		
Center(s) to which you are applying (For Head Start)				
How did you learn about us?				
Advertisement	Friend	Employment Agency/	Job Service	Tri-Valley Employee
Walk-In	Relative	Website	Other, _____	
Last Name		First Name		Middle Name
Present Address	Number and Street		City	State Zip
Permanent Address	Number and Street		City	State Zip
Present Phone Number / Permanent Phone Number / Cell Number			Email Address	
( )	( )	( )		
Alternate Contact- Please list a contact who can reach you if Tri-Valley staff cannot:				
Name: _____ Phone ( ) _____ Cell ( ) _____				

## ADDITIONAL INFORMATION:

Have you ever been convicted of a felony or misdemeanor? Yes No	
If yes, please list convictions and explain: _____ <i>Conviction will not necessarily disqualify an applicant from employment</i>	
Have you ever been employed by Tri-Valley before? Yes No If yes, when? _____	
Where? _____ Former name(s) used? _____	
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If hired, when are you available for work? \_\_\_\_\_

Do you want to work:                      Full-time                      Part-time                      Temporary/Seasonal

If part-time, specify days and hours \_\_\_\_\_

**EDUCATION:**

Please attach copies of diploma/license/certification- as required for this position.

	Name & Address	Course of Study	Years Completed	Diploma / Degree Earned
High School				
College				
Other				

**HEAD START APPLICANTS ONLY** (Full-year and Migrant Programs):

If required for the position- a copy of your up-to-date college transcript, license, and/or certificate must be available and on file. Student issued copies are accepted.

License or Certificate	Specify Type of License or Certificate	License or Certificate #	State of Issue	Date of Issue	Date of Expiration
TEACHING (Dept of Ed., C.D.A., etc.)					
NURSING					

Is your license or certificate unrestricted?    Yes    No    If no, explain: \_\_\_\_\_

Are you a current/ past Head Start parent?    Yes    No

**If you have worked with children, please list the total hours of experience by age group** (experience must be paid or unpaid employment as a teacher, assistant teacher, aide or intern in a licensed child care facility or a public/private school. Please do not include babysitting, nanny, Sunday school, etc. hours)

Infant/Toddler \_\_\_\_\_    Preschool \_\_\_\_\_    School Age \_\_\_\_\_

**SPECIALIZED SKILLS:**

Describe any relevant training, apprenticeship, skills or extra-curricular activities:

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or offices held relative to this position. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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<p><b>Check all that apply: and summarize your years of experience- if applicable:</b></p> <p> <input type="checkbox"/> Microsoft Office                <input type="checkbox"/> Word                <input type="checkbox"/> Excel                <input type="checkbox"/> Access                <input type="checkbox"/> PowerPoint                <input type="checkbox"/> Publisher                <input type="checkbox"/> Email                <input type="checkbox"/> Internet         </p> <hr/> <hr/>
<p>What practical experience do you have using Spanish? _____</p> <p>What experience do you have with Mexican-American culture? _____</p> <p>What languages other than English and/or Spanish, if any, do you speak? _____</p>

**EMPLOYMENT HISTORY:**

Complete the following section starting with your current employer. If you need additional space, please continue on a separate sheet of paper.

<b>Current Employer</b>		<b>Job Title:</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor's Name &amp; Title:</b>		<b>Email</b>		<b>Phone #</b>
<b>Dates of Employment:</b>		<b>Starting Wage</b>	<b>Current Wage</b>	
<p>May we contact your current employer? (Circle one) Yes -- No</p>				
<p><b>Duties Performed:</b> _____</p>				
<b>1. Previous Employer</b>		<b>Job Title:</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor's Name &amp; Title:</b>		<b>Email</b>		<b>Phone #</b>
<b>Dates of Employment:</b>		<b>Starting Wage</b>	<b>Ending Wage</b>	

Reason for leaving: \_\_\_\_\_

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Duties Performed: \_\_\_\_\_

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<b>2. Previous Employer</b>	<b>Job Title:</b>
<b>Address</b>	<b>City</b>
	<b>State</b>
	<b>Zip</b>
<b>Supervisor's Name &amp; Title:</b>	<b>Email</b>
	<b>Phone #</b>
<b>Dates of Employment:</b>	<b>Starting Wage</b>
	<b>Ending Wage</b>

Reason for leaving: \_\_\_\_\_

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Duties Performed: \_\_\_\_\_

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List any internships, volunteer, or unpaid experience not mentioned above that is relevant to this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please provide references that we may contact. Do not include relatives.

1.	Name	( ) Phone #	( ) Cell / Work #	
	Email Address		Relationship	Years Known
2.	Name	( ) Phone #	( ) Cell / Work #	
	Email Address		Relationship	Years Known
3.	Name	( ) Phone #	( ) Cell / Work #	
	Email Address		Relationship	Years Known

