



TRI-VALLEY OPPORTUNITY COUNCIL, INC. Employment Application

Tri-Valley is an Affirmative Action / Americans with Disabilities / Equal Opportunity Employer

Administrative Office: 102 North Broadway; Crookston, MN 56716
Phone: 800.584.7020 or 218.281.5832 or 711
for Minnesota Relay Telecommunication Service.

This form is available in alternative formats for applicants with a disability. EOE/M/F/H/V

Please enter the "NERF ID" from the Job Posting of the job you are applying for:

Please complete all sections, even if submitting a resume.

Personal Information

First Name(Legal Name): Middle Name(Legal Name): Last Name(Legal Name):

Former Name(s) used:

Current Street Address

Current Address 2:

Current City: State: Zip:

Home Phone: Cell Phone:

Alternate Contact - Please list a contact who can reach you if Tri-Valley Staff cannot:
Name: Phone: Cell:

Additional Information

Desired Positions(s):

Desired Locations(s):

Do you want to work:
 Full-time Part-time Temp Substitute Seasonal Migrant Head Start for the Summer

Hours/Days available:

How did you hear about this position?
 Advertisement Friend Tri-Valley Employee Employment Agency/Job Service
 Walk-in Relative Website Other,

Date available for work: Are you under 18? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, list convictions and explain:

Have you ever been employed by Tri-Valley before? Yes No

If yes: Last year worked? Location? Reason for leaving?

If required for position, do you have a current driver's license? Yes No Current vehicle insurance? Yes No

Are you currently or have you been a Head Start Parent?
 Yes Past No

Employment History

Please list current and two previous employers, assignments, internships, or volunteer activities, starting with the most recent employer.

Current Employer: Job Title:

Company Address City State Zip

Direct Supervisor Name: Supervisor Title: Phone Number:

Start Date: Starting Rate of Pay: Current Rate of Pay:
\$ \$

OK to contact? Yes No

Responsibilities and Duties Explanation:

Why are you seeking other employment opportunities?

Past Employer: Job Title:

Company Address City State Zip

Start Date: End Date: Starting Rate of Pay: Ending Rate of Pay:
\$ \$

OK to Contact? Yes No

Direct Supervisor: Supervisor Title: Phone Number:

Responsibilities and Duties Explanation:

Past Employer Job Title:

Company Address City State Zip

Start Date: End Date: Starting Rate of Pay: Ending Rate of Pay:
\$ \$

OK to Contact? Yes No

Responsibilities and Duties Explanation:

Other:

Additional experience relative to position applying for:

Please explain gaps in employment:

EDUCATION:

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

Name & Address	Course of Study	Years completed	Degree/ Diploma Earned
High School		<input type="text"/>	
College		<input type="text"/>	
Other		<input type="text"/>	

Communication Skills:

Check all that apply:

Language:

Please describe your skills for the selected languages

- English
- Spanish
- Chuukese
- Sign-Language
- Other, list:

What practical experience do you have using Spanish? Mexican-American culture? Migrant families?

Training and Skills Summary:

Summarize applicable trainings, certifications, licenses, and skills that you feel help qualify you for position:

REFERENCES:

References (do not include friends or relatives) May include professional contacts, co-workers, teachers, church/school/community members:

1. Name of Reference:	Phone number:	Cell/Work number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Relationship:	Years Known:
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name of Reference:	Phone number:	Cell/Work number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Relationship:	Years Known:
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Name of Reference:	Phone number:	Cell/Work number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Relationship:	Years Known:
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT CERTIFICATION:

Please read this statement carefully before signing this application.

I understand Tri-Valley Opportunity Council, Inc. is an "at-will employer" and if I am hired, my employment may be terminated at the will of either party, with or without cause, and without prior notice.

Tri-Valley Opportunity Council, Inc. is an Affirmative Action, Americans with Disabilities, Equal Opportunity Employer. Qualified applicants are considered without regard to race, creed, color, national origin, age, religion, sex, marital status, status with regard to public assistance, physical or mental disability, sexual orientation, veteran status, or any other legally protected status under local, state, or federal laws.

I authorize Tri-Valley Opportunity Council, Inc. to conduct a thorough background investigation of my employment and educational history and verify all data given on this application and during interviews. I hereby release Tri-Valley Opportunity Council, Inc., and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals and firms named to provide any requested information and release them from all liability for providing the requested information.

I certify that all statements on this application are complete and correct to the best of my knowledge. I understand that failure to complete any required item on this application or providing false information may be cause for rejection of my application or cause for dismissal from my employment whenever discovered. I also understand that if I fail to sign this statement my application cannot be considered for employment.

I understand that if I am selected, based on position requirements, I may be required to submit to and pass a pre-employment drug screening, criminal background search, DMV history or physical fitness test as a condition of employment.

Signature:

position description for this position and certify that I am able to perform the essential functions listed, with or without a reasonable accommodation. Please accept my application for employment with Tri-Valley Opportunity Council, Inc.

Note: By typing your full name and the last 4 digits of your Social Security Number, you are electronically signing this document.

Full Name:

Last 4 digits of SS#: Date:

Please attached files as needed:

[\[Please select a file ...\]](#)



Voluntary Equal Opportunity Questionnaire: Applicant

Tri-Valley Opportunity Council, Inc.

As an equal opportunity employer, Tri-Valley Opportunity Council, Inc. considers qualified applicants without regard to race, creed, color, national origin, age, religion, sex, marital status, status with regard to public assistance, physical or mental disability, sexual orientation, veteran status, or any other legally protected status under local, state, or federal laws.

In order to comply with required federal and state reporting, we ask that you provide the following information. Providing information is strictly voluntary. Failure to provide will not subject you to any adverse personnel decision or action.

This information is not a part of your official application for employment and will not be used in any employment decision. The only persons with access to this information are the Human Resources department, where it will be maintained in a confidential file, separate from your application information, in accordance with applicable laws and regulations. EOE/M/F/H/V

Last Name	First Name	MI

Gender Male Female Choose not to disclose

Race

- Hispanic or Latino**
- White (not Hispanic or Latino)**
- Black or African American (not Hispanic or Latino)**
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**
- Asian (not Hispanic or Latino)**
- American Indian or Alaska Native (not Hispanic or Latino)**
- Two or More Races (not Hispanic or Latino)**
- Choose not to disclose**

Veteran Status

- None
- Disabled Veteran
- Other Protected Veteran:** veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded
- Armed Forces Service Medal Veteran:** veteran who, while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985
- Recently Separated Veteran:** veteran within 36 months from discharge or release from active duty.
- Choose not to disclose

Note: By typing your full name and the last 4 digits of your Social Security Number, you are electronically signing this document.

Full Name: Last 4 digits of SS#: Date:

NERF ID # : **Title:**

Category:

Processed By: **Date:**