

EMPLOYMENT APPLICATION

TRI-VALLEY OPPORTUNITY COUNCIL, INC. ADMINISTRATIVE OFFICE

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.

Check all that apply: and summarize your years of experience- if applicable:
<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
<hr/> <hr/>
What practical experience do you have using Spanish? _____
What experience do you have with Mexican-American culture? _____
What languages other than English and/or Spanish, if any, do you speak? _____

EMPLOYMENT HISTORY:

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

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

Reason for leaving: _____

Duties Performed: _____

2. Previous Employer	Job Title:
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Address	City	State	Zip
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Supervisor's Name & Title:	Email	Phone #
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Dates of Employment:	Starting Wage	Ending Wage
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Reason for leaving: _____

Duties Performed: _____

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 #

_____ Relationship _____ Years Known
Email Address

2. _____ (_____) _____ (_____) _____
Name Phone # Cell / Work #

_____ Relationship _____ Years Known
Email Address

3. _____ (_____) _____ (_____) _____
Name Phone # Cell / Work #

_____ Relationship _____ Years Known
Email Address

