



# Tri-Valley Opportunity Council, Inc.

## EMPLOYMENT APPLICATION

Administrative Office: 102 North Broadway | Crookston, MN 56716  
 Phone: 800.584.7020 | 218.281.5832 | 711 MN Relay Telecommunication Service  
*This form is available in alternative formats for applicants with a disability. EOE/M/F/H/V*

NERF: \_\_\_\_\_ (Internal Use Only)

### Applicant Information

*Please complete all sections, even if submitting a resume.*

<b>Legal First Name:</b>		<b>MI:</b>		<b>Legal Last Name:</b>	
<b>Former Name(s) Used:</b>		<b>Email Address:</b>			
<b>Current Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>			
<b>Alternate Contact Name:</b>		<b>Phone:</b>			
<b>Desired Position:</b>					
<b>Desired Location:</b>					

#### Do you want to work:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Substitute          |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Seasonal Head Start |
| <input type="checkbox"/> Temporary |  |

#### How did you hear about this position?

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Tri-Valley Employee             |
| <input type="checkbox"/> Walk-in       | <input type="checkbox"/> Website                         |
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Employment Agency / Job Service |
| <input type="checkbox"/> Relative      | <input type="checkbox"/> Other, _____                    |

<b>Hours Available:</b>			
<b>Date Available for Work:</b>			
<b>Are you under 18?</b>			
<b>Have you ever been convicted of a felony or misdemeanor?</b>	<b>Yes   No</b>	<b>If yes, list convictions and explain:</b>	<i>A conviction will not necessarily disqualify an applicant from employment.</i>

### Additional Information

Have you ever been employed by Tri-Valley before?	Yes   No	If yes: Last Year Worked:	Location:	Reason for Leaving:	
If required for the 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   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 Street Address:		
City:	State:	Zip:
Direct Supervisor Name:	Supervisor Title:	Phone Number:
Start Date:	Starting Pay:	Current Pay:
Ok to contact?	Yes   No	
Explain Responsibilities and Duties:		
Why are you seeking other employment opportunities?		

Past Employer:	Job Title:	
Company Street Address:		
City:	State:	Zip:
Direct Supervisor Name:	Supervisor Title:	Phone Number:
Start Date:	Starting Pay:	Ending Pay:
Ok to contact?	Yes   No	
Explain Responsibilities and Duties:		
Reason for Leaving:		

<b>Past Employer:</b>		<b>Job Title:</b>			
<b>Company Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Direct Supervisor Name:</b>		<b>Supervisor Title:</b>		<b>Phone Number:</b>	
<b>Start Date:</b>		<b>Starting Pay:</b>		<b>Ending Pay:</b>	
<b>Ok to contact?</b>	Yes   No				
<b>Explain Responsibilities and Duties:</b>					
<b>Reason for Leaving:</b>					

### Other

<b>Additional experience relative to position applying for:</b>	
<b>Explain gaps in employment:</b>	

### Education

<b>Education:</b>	<b>Course of Study:</b>	<b>Years Completed:</b>	<b>Degree or Diploma Earned:</b>
<b>High School</b>			
<b>College:</b>			
<b>Other:</b>			

### Communication Skills

<b>Language:</b>	<b>Please describe your skills:</b>
<b>English</b>	
<b>Spanish</b>	
<b>Chuukese</b>	
<b>Sing-Language</b>	
<b>Other, list:</b>	

<ul style="list-style-type: none"> <li>• <b>What practical experience do you have using Spanish?</b></li> <li>• <b>Mexican American culture?</b></li> <li>• <b>Migrant families?</b></li> </ul>	
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**Training and Skills Summary**

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

**References**

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

	Phone Number:	Cell Number:	Email Address:
<ul style="list-style-type: none"> <li>• <b>Name of Reference:</b></li> <li>• <b>Relationship:</b></li> <li>• <b>Years Known:</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Name of Reference:</b></li> <li>• <b>Relationship:</b></li> <li>• <b>Years Known:</b></li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Name of Reference:</b></li> <li>• <b>Relationship:</b></li> <li>• <b>Years Known:</b></li> </ul>			

**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.

I have read and understand the above certification statement. Further, I have reviewed the 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Send this Voluntary Equal Opportunity Questionnaire to:  
Attention Human Resources  
Tri-Valley Opportunity Council, Inc. | 102 North Broadway | Crookston, MN 56716**

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## Voluntary Equal Opportunity Questionnaire: Applicant

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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

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Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_