



**APPLICATION FOR EMPLOYMENT**

BACKGROUND INFORMATION				
First Name (Please print)		Middle Name	Last Name	
Street Address		City	State	Zip Code
Phone #1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ( ) ( )		Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work ( ) ( )		Position Applied For:
<b>Hours You Are Available to Work</b>  _____ 8 a.m. – 4:00 p.m. _____ 4:00 p.m. – 12:00 a.m. _____ 12:00 a.m. – 8:00 a.m.  <b>Please check the days you are available to work:</b>  <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		<b>Please list the Skills Which Make You Qualified for This Position</b>  1. _____ 2. _____ 3. _____ 4. _____  <b>Are you 18 or older?</b> _____ Yes _____ No <b>Are you 21 or older?</b> _____ Yes _____ No <small>(For Residential Positions)</small>		<b>Please list licenses that you currently carry: (Ex. LSW, LGSW, LICSW, LMFT, LPC, LPCC, LADC, etc.)</b>  1. _____ 2. _____ 3. _____ 4. _____
<b>Do you have a valid Driver's License?</b> _____ Yes _____ No		<b>Do you have current vehicle insurance?</b> _____ Yes _____ No		<b>Do you have a reliable means of transportation?</b> _____ Yes _____ No
EDUCATIONAL BACKGROUND				
Name of Institution	City & State	Last Grade or Level Completed	Date of Graduation	Subjects Studied/Degree Awarded
<i>High School</i>				
<i>College/Technical/Voc. Sch.</i>				
<i>Graduate Studies/Other Training</i>				



**Evergreen**  
 Youth & Family Services  
*Strengthening Youth. Preserving Families.*

EMPLOYMENT HISTORY (Please list all previous employers for the past five years with most current first)				
Name of Business or Organization & Dates of Employment	Street Address	City/State/Zip Code	Telephone and Supervisor's Name	Position Title & Duties
			( )	
May We Contact Your Current Employer? (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No				
			( )	
			( )	
			( )	
			( )	

<b>Have you ever been convicted of a crime (excluding minor traffic offenses)?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list offense(s), dates, and disposition(s):  
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REFERENCES (Please list 3 references, at least 2 of which are current or former supervisors)			
Name and Title	Street Address	City/State/Zip Code	Area Code & Telephone
			( )
			( )
			( )
			( )
Signature		Date:	

**To Apply:** Submit this application along with a resume and cover letter to: Evergreen Youth & Family Services, Inc., ATTN: Human Resources, P.O. Box 662, Bemidji, MN 56619

**Note:** Due to the nature of the services Evergreen provides to vulnerable youth and young adults, employment is contingent upon successfully passing a Minnesota Department of Human Services Applicant Background Study, a Minn. BCA web-based check, a National Sex Offender check, as well as a Sexual Contact Background Study.



*An Equal Opportunity, Affirmative Action Employer.*

## **Applicant Flow Survey Form**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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<b>Date</b>	<b>Position(s) for which you are applying</b>
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**Please read carefully:**

Evergreen Youth & Family Services, Inc. is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, creed, color, religious affiliations, sex, sexual orientation, national origin, age, disability, status with regard to public assistance, marital status, familial status, or any basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. Evergreen is required by federal regulation to report information as requested below. Your completion of this survey is ***completely voluntary*** and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application/resume.

**PLEASE CHECK ONE:**

- Male
- Female
- Other

**INDICATE THE APPROPRIATE RACE / ETHNIC GROUP:**

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black
- Hispanic or Latino
- White
- Two or more races

**DISABILITY:**

Are you a person with a disability?

- Yes
- No

**REFERRAL SOURCE:**

- |  |   |
|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employee Referral: _____                   |
| <input type="checkbox"/> Walk-in       | <input type="checkbox"/> School / College                      Name |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Minnesota Works                            |

***\*This form is not used for employment decisions.*** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, or if you need accommodations during the application or interview process, please notify the Human Resources Director at (218) 441-4558.