PO Box 430 Bemidji, MN 56619

FAX: 218-444-2847

APPLICATION FOR EMPLOYMENT

Stellher Human Services is an **Equal Opportunity Employer** and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Stellher.

NAME		DATE			
ADDRESS		PHONE NUMBER			
CITY, STATE, ZIP CODE		CELL PHONE			
Can you submit proof of identity and the right to legally work in the U.S.?YESNO If this position requires driving, do you have a valid Minnesota Drivers License?YESNO					
EDUCATION					
HIGH SCHOOL:	NAME		(4) pyteries is		
	ADDRESS				
UNDERGRADUATE:	NAME OF UNDERGRADUATE INSTITUTION				
	ADDRESS				
	DEGREE GRANTED:				
GRADUATE:	NAME OF GRADUATE SCHOOL				
	ADDRESS				
	Currently enrolled:	or DEGREE:			
or Gradua	te Credits earned?				
LICENSES HELD (LS	W, LICSW, etc.): Copies	must be attached.			

EMPLOYMENT HISTORY Please provide information for at least the last 5 years, starting with the most recent. (use additional sheets if necessary)						
Please provide information for at least the last 5	years, starting with the	most recent. (use additional sneets if necessary)				
EMPLOYER		POSITION F				
LIMILOTEN		7 031110111	ILLU			
ADDRESS	CITY	STATE ZIP CODE				
IMMEDIATE SUPERVISOR AND TITLE		TELEPHONE #				
to		per				
DATES EMPLOYED		SALARY				
REASON(S) FOR LEAVING						
NAME YOU USED WHEN WORKING THERE						
EMPLOYER		POSITION H	IELD			
ADDRESS	CITY	STATE ZIP CODE				
IMMEDIATE SUPERVISOR AND TITLE		TELEPHONE #				
to		per				
DATES EMPLOYED		SALARY				
REASON(S) FOR LEAVING						
NAME YOU USED WHEN WORKING THERE						
EMPLOYER		POSITION H	ELD			
ADDRESS	CITY	STATE ZIP CODE				
IMMEDIATE SUPERVISOR AND TITLE		TELEPHONE #				
to		per				
DATES EMPLOYED		SALARY				
REASON(S) FOR LEAVING						
NAME YOU USED WHEN WORKING THERE						

EMPLOYER	-		POSITION HELD
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NAME YOU USED WHEN WORKING THERE			
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ADDRESS	CITY	STATE	ZIP CODE
IMMEDIATE SUPERVISOR AND TITLE		TE	ELEPHONE #
to		per	
DATES EMPLOYED		SALAF	RY
REASON(S) FOR LEAVING			
NAME YOU USED WHEN WORKING THERE			
REFERENCES			
Please list 3 references, do not include rela	, ,		VEADO KALOVANI
NAME:	TELEPHONE #		YEARS KNOWN
Lhoroby guthoriza Stallbar Human Sanjigos to contact, obta	in and varify the accuracy of info	rmation contained in this	annication from all provious
I hereby authorize Stellher Human Services to contact, obta employers, educational institutions, and references. I also h gathering, and using such information to make employment	nereby release from liability Stellhe	er Human Services and	ts representatives for seeking,
I understand that any misrepresentation or material omission application or immediate termination of employment if I am ellf I am employed, I acknowledge that there is no specified le contract for employment. Accordingly, either I or Stellher can oviolation of applicable federal or state law. I also understand that if I am employed, I will be required to being hired. Failure to submit such proof within the required	employed, whenever it may be dis ength of employment and that this in terminate the relationship at will provide satisfactory proof of ident	scovered. application does not cor I, with or without cause, ity and legal work author	estitute an agreement or at any time, so long as there is ization within three days of
represent and warrant that I have read and fully und			
Signature:		Date:	