



P.O. Box 430
 Bemidji, MN 56619
 Phone: 218-444-2845
 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.

POSITION APPLYING FOR	DATE
NAME	PHONE NUMBER
ADDRESS	EMAIL ADDRESS
CITY, STATE, ZIP CODE	

Can you submit proof of identity and the right to legally work in the U.S.? ___ YES ___ NO

If this position requires driving, do you have a valid Minnesota Drivers License? ___ YES ___ NO

EDUCATION	
HIGH SCHOOL:	_____ <i>NAME</i>
	_____ <i>ADDRESS</i>
UNDERGRADUATE:	_____ <i>NAME OF UNDERGRADUATE INSTITUTION</i>
	_____ <i>ADDRESS</i>
	DEGREE GRANTED: _____
GRADUATE:	_____ <i>NAME OF GRADUATE SCHOOL</i>
	_____ <i>ADDRESS</i>
	Currently enrolled: _____ or DEGREE: _____
	or Graduate Credits earned? _____
LICENSES HELD (LSW, 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)

EMPLOYER

POSITION HELD

ADDRESS

CITY

STATE

ZIP CODE

IMMEDIATE SUPERVISOR AND TITLE

TELEPHONE #

to

DATES EMPLOYED

REASON(S) FOR LEAVING

NAME YOU USED WHEN WORKING THERE

EMPLOYER

POSITION HELD

ADDRESS

CITY

STATE

ZIP CODE

IMMEDIATE SUPERVISOR AND TITLE

TELEPHONE #

to

DATES EMPLOYED

REASON(S) FOR LEAVING

NAME YOU USED WHEN WORKING THERE

EMPLOYER

POSITION HELD

ADDRESS

CITY

STATE

ZIP CODE

IMMEDIATE SUPERVISOR AND TITLE

TELEPHONE #

to

DATES EMPLOYED

REASON(S) FOR LEAVING

NAME YOU USED WHEN WORKING THERE

<i>EMPLOYER</i>	<i>POSITION HELD</i>		
<i>ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
<i>IMMEDIATE SUPERVISOR AND TITLE</i>			<i>TELEPHONE #</i>
to			
<i>DATES EMPLOYED</i>			
<i>REASON(S) FOR LEAVING</i>			
<i>NAME YOU USED WHEN WORKING THERE</i>			
<i>EMPLOYER</i>	<i>POSITION HELD</i>		
<i>ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
<i>IMMEDIATE SUPERVISOR AND TITLE</i>			<i>TELEPHONE #</i>
to			
<i>DATES EMPLOYED</i>			
<i>REASON(S) FOR LEAVING</i>			
<i>NAME YOU USED WHEN WORKING THERE</i>			
REFERENCES			
Please list 3 work-related references, do not include relatives:			
NAME:	TELEPHONE #	YEARS KNOWN	

I hereby authorize Stellher Human Services to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Stellher Human Services and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.
 If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Stellher can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
 I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____ Date: _____