

CITY OF HOKAH, MINNESOTA  
211 Main Street / P.O. Box 311  
(507) 894-4990

**CHILD / YOUTH WORKER APPLICATION FORM**

*It is the goal of this City to create a safe and secure environment for all children and workers who are involved in municipal activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth programs. This information will be used for the sole purpose of helping us provide a safe and secure environment for children and workers.*

**PLEASE TELL US ABOUT YOURSELF**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (optional)  
Other Phone: \_\_\_\_\_  
Have you ever used name(s) other than the above one? \_\_\_\_\_ If yes, please list:

**PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)**

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Month/Year Moved In \_\_\_\_\_  
Previous Address:  
(Last 3 years) \_\_\_\_\_  
\_\_\_\_\_

**PLEASE DESCRIBE YOUR CREDIT HISTORY**

Have you declared bankruptcy in the past seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been evicted from a rental residence? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION**

Your Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Student \_\_\_\_\_ Unemployed  
Employer \_\_\_\_\_  
Dates employed \_\_\_\_\_ Employed as \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Previous employers (within last five years) \_\_\_\_\_ Dates employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position applying/volunteering for at City of Hokah:

If Swimming Pool Related, what is your Lifeguard Status?  
\_\_\_\_\_

When are you available to work?  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ License number: \_\_\_\_\_ State issued:  
\_\_\_\_\_

Is there any reason you should not work with or around children or youth?  
\_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_ If yes, please  
provide details: \_\_\_\_\_

Have you ever been convicted of or pled guilty to a criminal offense: \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

**PLEASE LIST YOUR EDUCATIONAL BACKGROUND**

COURSE OF STUDY	NAME	GRADUATE?	YEAR	DEGREE OR
High School	_____	_____	_____	
College	_____	_____	_____	
Other (Please specify)	_____	_____	_____	

**ADDITIONAL INFORMATION:**

Please list three references:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**AUTHORIZATION  
Release of Information**

*I hereby give permission to make a through investigation of my past employment, education, and background, for the purposes of Employment/Volunteering at the City of Hokah. The undersigned Applicant declares that the information contained in this Child / Youth Worker Application Form is true, complete, and correct, and understands and agrees that any false statements or representations identified herein, or upon any other documentation may result in denial of employment or discharge, without further notice. The undersigned specifically authorizes and directs any and all persons or entities to receive, provide, and exchange with the City of Hokah, it's principals, agents and employees, any information pertaining or concerning to me, including but not limited to confidential information pertaining to my background, the opinions and recommendations of my personal and employment references, and my employment history. I hereby waive any right of action now or hereafter accruing against any person or entity as a consequence of the release or exchange of such confidential information. I understand that employment with the City of Hokah is "at-will" and either the City of Hokah or I may terminate that employment at any time, with or without notice."*

Name (please print) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Date

*The City of Hokah is an EQUAL OPPORTUNITY EMPLOYER/CONTRACTOR and encourages applications from women, minorities, and disabled persons. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

**APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)**

OFFICE NOTES: