



Corporate Offices/Programs

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Toll Free 888.765.5597



Transportation Department

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PO Box 683
Waite Park, MN 56387-0683
320.251.1612
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An Equal Opportunity, Affirmative Action Employer

Employment Data Record

During employment, employees are treated without regards to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, medical condition or handicap, sexual preference, gender identity, or any other legally protected status.

As an employee with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. It is not used for any other purpose. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOTE AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date: _____

Government agencies at times require periodic reports on the gender, ethnicity, handicap, veteran and other protected statuses of employees. This is for statistical analysis with respect to the success of the Affirmative Action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT EMPLOYMENT DECISIONS.

If you wish to mail this form separately from your application, please send it to the above address. Thank you.

Applicant's Name (optional):
Position applied for:
If currently employed by Tri-CAP, please list your current job:
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check one of the following: (Ethnic Origin)
<input type="checkbox"/> White <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Multicultural Minority (you identify as more than one race)
Are you a person with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check if any of the following apply: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual