



Corporate Offices/Programs

1210 23rd Ave S
PO Box 683
Waite Park, MN 56387-0683
V/TTD/TTY 320.251.1612
Fax 320.255.9518
Toll Free 888.765.5597



Transportation Department

1200 23rd Ave S
PO Box 683
Waite Park, MN 56387-0683
320.251.1612
Fax 320.529.4841
Toll Free 888.765.5597



The mission of Tri-CAP is to expand opportunities for the economic and social well-being of our residents and the development of our communities.

EMPLOYMENT APPLICATION INSTRUCTIONS

Please complete the application form as thoroughly as possible. Do not mark your application "see resume." Resumes may be included, but will not be accepted in lieu of a completed application form. The information provided in the form will be used to assess your qualifications for the position. Applications and supporting documents must be received by the deadline date on the job posting.

Position Applied For: _____ Date: _____

EMPLOYMENT DESIRED

Type of employment desired: Full Time Part-time Seasonal/Temporary Date available for work: _____

How did you hear about us? Newspaper Ad-name: _____ Other _____

Tri-CAP Website MN Job Bank Craigslist Indeed

PERSONAL INFORMATION

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: _____ E-mail: _____
Home Cell

Are you legally eligible to hold employment in the U.S.? Yes No

Are you eighteen years of age or older? Yes No If under 18, state date of birth: _____

Are you presently or have you been previously employed by us? Yes No Dates of employment: _____

List all other names(s) under which your employment or educational records can be found: _____

Do you have any special needs which may necessitate accommodations in the applicant/interview process? Yes No

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Tri-CAP to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, gender identity, genetic disposition, age, or status with regard to public assistance.

EMPLOYMENT HISTORY

Please provide complete employment information for the last ten years. List you present or most recent experience first. Attach additional sheets if necessary.

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(Mo/Yr) (Mo/Yr)

Address: _____ Hours per week: _____
Street City State Zip Code

Supervisor's Name & Title: _____ Salary: _____
Start Final

Your Title _____ Description of duties: _____

May we contact your present employer? Yes No If no, why? _____

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(Mo/Yr) (Mo/Yr)

Address: _____ Hours per week: _____
Street City State Zip Code

Supervisor's Name & Title: _____ Salary: _____
Start Final

Your Title _____ Description of duties: _____

Reason for leaving: _____

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(Mo/Yr) (Mo/Yr)

Address: _____ Hours per week: _____
Street City State Zip Code

Supervisor's Name & Title: _____ Salary: _____
Start Final

Your Title _____ Description of duties: _____

Reason for leaving: _____

VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

Name of Organization	Work Performed	#Hrs/Wk	From	To

SKILLS, TRAINING & ADDITIONAL EXPERIENCE

Describe any skills, abilities, training or other experiences that will help you in this position:

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section):

Type of License	License Number	State Issued	Expiration Date

EDUCATIONAL INFORMATION

Did you graduate from high school? Yes No GED

High School Name: _____
 High School *City* *State*

Name and location of college, university, And/or technical schools	Dates of attendance	Major/Minor or study	Degree received

REFERENCES

Please list 3 references. Tri-CAP reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

Email: _____

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

Email: _____

Name: _____ Address: _____

Daytime Phone: _____ Title: _____ Relationship: _____

Email: _____

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge. I authorize Tri-CAP to verify the information contained in my application and information I provided in the interview. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon my satisfactory completion of Tri-CAP pre-employment requirements which may include, but are not limited to: a health assessment, verification of current work authorization in the United States, background checks, work history and reference verification, drug and alcohol tests, and any other pre-employment requirements.

By signing below, I am affirming my understanding and acknowledgement that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time (subject to the employer’s notice request or requirement) and the Employer may discharge Employee at any time with or without cause.

Applicant’s Signature

Date



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**Special Transportation Service (STS)
 Provider Background Check Consent Form**

Dear Applicant:

Effective January 1, 2016, Special Transportation Service providers are subject to the Department of Human Services (DHS) background study requirements (Minn. Stat. 174.30, subd.10). All managers, drivers, passenger assistants, and administrative staff in the Transportation Department must successfully complete the DHS background study. A Background Study Notice of Privacy Practices is included with this information for your review/records. You will be disqualified from consideration if you refuse to provide any of the requested information necessary to complete the background study process. You must also pass a pre-employment drug and alcohol test and be subject to testing in accordance with state and federal regulations in the following circumstances: reasonable suspicion, post-accident, random selection, and follow-up/return to duty.

*Additional qualifications/requirements for bus driving positions: you must be at least 21 years or older, have a valid CDL with Passenger Endorsement (provide a copy), and have a current Medical Examiner’s Card, and Tri-CAP will conduct a violations check with the MN Department of Motor Vehicles.

In order to be considered for employment, all applicants must consent to these pre-employment screening procedures and provide the following information:

Please print-

A-First, Middle, Last Name: _____

All other names you have been known by or used: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Date of Birth: _____ State of Birth: _____ Social Security Number: _____

Driver’s License Number: _____ State: _____ Exp Date: _____

Height: _____ Weight: _____ Gender: M F Eye Color: _____ Hair Color: _____

THE ABOVE INFORMATION MUST BE VERIFIED BY YOUR GOVERNMENT-ISSUED ID



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B-List all other addresses within the last five years:

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

From (year) _____ to (year) _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

From (year) _____ to (year) _____

C- Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by a prospective employer, but did not obtain work covered by DOT testing rules during the past two years?

YES NO

If you answered yes, can you provide proof that you successfully completed the DOT return-to-duty requirements?

YES NO

SECTIONS D-H APPLY ONLY TO DRIVER APPLICANTS

D-List all UNEXPIRED commercial motor vehicle license or permits in your name:

State of Issue: _____ Number: _____ Expiration Date: _____

State of Issue: _____ Number: _____ Expiration Date: _____

State of Issue: _____ Number: _____ Expiration Date: _____

E-Please describe nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated:

Type of vehicle	Years of experience



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F- A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused:

Date	Nature of Accident	Injury/Fatalities

G- A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the past 3 years:

Date	Offense	Location	Type of vehicle

H- Please state in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you.

If no such denial, revocation, or suspension has occurred, please state this in writing.



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Upon a contingent offer of employment, Tri-CAP, Inc. will submit a background study on you through the MN Department of Human Services (DHS). We will then mail you a Fingerprint and Photo Authorization Form. You must follow the instructions on the Form by the deadline listed in order to complete the background study process. DHS will notify you within three days of your status. Tri-CAP will cover the costs associated with the background study and the pre-employment drug & alcohol screening.

Printed Name: _____

I authorize Tri-CAP, Inc. to:

- 1) Submit a background study to Minnesota Department of Human Services;
- 2) Check my driving record through the Minnesota Department of Motor Vehicles and;
- 3) Receive results of a pre-employment drug & alcohol test.

I certify that the above information was completed by me and that the information is true and correct to the best of my knowledge.


Signature: _____

Date: _____

I understand that I have the following rights:

- *To be informed by the provider that a background check will be conducted to determine eligibility for employment in a safety sensitive position.*
- *To be informed by the provider of the results of the background study, and obtain a copy of the results.*
- *To obtain any record that forms the basis for the results of the background study.*
- *To challenge the accuracy and completeness of information contained in the report.*
- *To be informed by the provider if the driver's application to be employed, or to continue as an employee has been denied as a result of the background study.*

ADA/EOE


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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 NOT 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