



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: _____

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



Employment Application Supplement- Safety Sensitive Transportation Positions

First Name: _____ **Last Name:** _____

Circle Yes or No-

Do you have a Commercial Driver’s License (CDL)? Yes No If yes, Class: _____

Do you have a passenger endorsement? Yes No **DOT Medical Health Card?** Yes No

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: _____

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 within the last ten years:

Type of vehicle	Years of experience

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

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

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.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules during the past two years? Yes ____ No ____.

If yes, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? Yes ____ No ____ . *Note: A written report from the SAP is required.*

If yes, did you complete USDOT's Return-to-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O? Yes ____ No ____ . *Note: A written report from the SAP is required.*

APPLICANT ACKNOWLEDGEMENT OF PRE-EMPLOYMENT DRUG TESTING
49 CFR Part 655.17

I understand that as part of my application for employment with Tri-County action Program, Inc., I must successfully complete a U.S. Department of Transportation (USDOT) drug test as required by 49 CFR Part 655.41. I further understand that a verified negative drug test result must be obtained by the employer, prior to performance of any safety-sensitive function, as defined by 49 CFR Part 655.4.

Printed Name of Applicant

Signature of Applicant

Date



**Employment Application Supplement- ALL Transportation Dept. Positions
Special Transportation Service (STS)
Provider Background Check Consent Form**

Provider:

Tri-County Action Program, Inc.
1210- 23rd Avenue South-PO Box 683
Waite Park, MN 56387

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 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 LEGIBLY-

A-First, Middle, Last Name: _____

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

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

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

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

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

ABOVE INFORMATION MUST MATCH AND BE VERIFIED WITH GOVERNMENT-ISSUED ID

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) _____

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 process.

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;

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.*



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



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