



**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: \_\_\_\_\_ *Home Cell* E-mail: \_\_\_\_\_

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? \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

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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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**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