

# Tri-CAP

1210 23<sup>rd</sup> Ave S PO Box 683 V/TDD (320) 251-1612

Tri-County Action Program, Inc Waite Park, MN 56387 Fax (320) 255-9518

Interview Date: _____	Time: _____
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## APPLICATION FOR EMPLOYMENT

Thank you for your interest in working at Tri-CAP. Please read the application before completing. "See Resume" is not acceptable and will be considered an incomplete application. You must sign your application. Completion of the Affirmative Action Sheet is optional. Please complete the criminal background section and the driver's record section if checked. This application must be completed by the applicant. This form is available in alternative format and may be completed in an alternative format by the applicant.

Applicants are considered for all positions without regard to race, color, creed, religion, age, sex, national origin, marital status, veteran status, disability, sexual orientation, membership or activity in local human rights commission or status with regard to public assistance. Please let us know if you need assistance in completing this application.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Available: \_\_\_\_\_

## EDUCATION/TRAINING/SKILLS

High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Subjects related to this position: \_\_\_\_\_

Trade/Technical School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Certificate/Degree: \_\_\_\_\_

Classes: \_\_\_\_\_

College Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Minor: \_\_\_\_\_

Other Related Classes: \_\_\_\_\_

## OTHER TRAINING OPPORTUNITIES, EXPERIENCE, OR SKILLS THAT WOULD RELATE:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT OR VOLUNTEER HISTORY**  
**COMPLETE EVEN WHEN ATTACHING RESUME**

Please give accurate, complete full-time and part-time employment history. Start with you current employer or the last company you worked for. Include military service and volunteer activities.

May we contact your current/former employers?  Yes  No, please explain \_\_\_\_\_

<p>Company Name: _____</p> <p>Job Title: _____ Supervisor Name: _____</p> <p>Address: _____</p> <p>Work Duties/Responsibilities/Skills: _____</p> <p>_____</p> <p>_____</p>	<p>Phone: _____</p> <p>Employed from _____ to _____</p> <p>Start wage _____ End _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>If still employed, why are you seeking another job? _____</p> <p>_____</p>
<p>Company Name: _____</p> <p>Job Title: _____ Supervisor Name: _____</p> <p>Address: _____</p> <p>Work Duties/Responsibilities/Skills: _____</p> <p>_____</p> <p>_____</p>	<p>Phone: _____</p> <p>Employed from _____ to _____</p> <p>Start wage _____ End _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>If still employed, why are you seeking another job? _____</p> <p>_____</p>
<p>Company Name: _____</p> <p>Job Title: _____ Supervisor Name: _____</p> <p>Address: _____</p> <p>Work Duties/Responsibilities/Skills: _____</p> <p>_____</p> <p>_____</p>	<p>Phone: _____</p> <p>Employed from _____ to _____</p> <p>Start wage _____ End _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>If still employed, why are you seeking another job? _____</p> <p>_____</p>
<p>Company Name: _____</p> <p>Job Title: _____ Supervisor Name: _____</p> <p>Address: _____</p> <p>Work Duties/Responsibilities/Skills: _____</p> <p>_____</p> <p>_____</p>	<p>Phone: _____</p> <p>Employed from _____ to _____</p> <p>Start wage _____ End _____</p> <p>Reason for leaving: _____</p> <p>_____</p> <p>If still employed, why are you seeking another job? _____</p> <p>_____</p>

# PLEASE ANSWER THE FOLLOWING QUESTIONS

**\*For some positions you may have to answer additional questions\***

*Any information in your responses that might reflect potential issues of discrimination are not to be included. This includes race, color, creed, religion, age, sex, national origin, martial, veteran status, disability or sexual orientation, membership or activity in local human rights commission or status with regard to public assistance.*

1. Why do you feel you are qualified for this position? \_\_\_\_\_

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2. Why do you want to work at Tri-CAP? \_\_\_\_\_

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3. Why do you think people are low income? \_\_\_\_\_

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**PERSONAL REFERENCES**

Do **NOT** include relatives or past employers. **You must have three references.**

Name	Address	Phone

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I authorize Tri-CAP to request a criminal background check Yes No

If applying for a Bus Driver position, please complete additional driving form and drug test notification forms.

If applying for a Dispatch position, please complete the drug test notification form.

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Thank you for filling out this application. Applicants selected for interview will be called. Applicants not selected for interview will be sent a letter in the mail.

**AGREEMENT**

I claim that the answers that I have given on this application are true and complete to the best of my knowledge. I give permission to Tri-CAP to look into all statements contained in this application for employment that may be needed for making an employment decision. I release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing this information. If I am hired, I understand that false or misleading information given in my application or interview(s) may result in my being terminated. I also understand that I must follow all rules and regulations of Tri-CAP.

I understand that I am free to resign this position and Tri-CAP has the right to terminate my employment. I also understand that no person at Tri-CAP has the right to say otherwise.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

# Tri-CAP

## An Equal Opportunity, Affirmative Action Employer Applicant Survey Form

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Last Name (*optional*)

First Name (*optional*)

Middle Initial (*optional*)

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Date

Position for which you are applying

### Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is ***completely voluntary***. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

### Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or Hawaii, Guam, Samoa, or other Pacific Islands.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Disability – Are you a person with a disability?

- Yes       No

### Gender – Select one

- Female       Male

***\*This form is not used for employment decisions.*** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.