



Application for Employment

Print Name: _____
Last First MI

Address: _____
Street Address City State Zip

Phone: (____) _____ Email: _____

Position Applied For: _____ Position #: _____

Are you willing to travel if your job duties call for it? Yes _____ No _____

Are you licensed to drive? Yes _____ No _____

Are you willing to provide a serviceable vehicle for such travel? Yes _____ No _____

Will you maintain liability insurance on that vehicle when in use for business travel? Yes _____ No _____

RMCEP policy prohibits immediate family members from supervising or being supervised by a family member. Would this situation apply for you? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____
(If offered employment, you will be required to provide documentation to verify eligibility.)

Are there any restrictions on your employment? Yes _____ No _____

If yes, explain: _____

Have you ever been employed by RMCEP? Yes _____ No _____

If yes, please specify: (1) position, (2) office location, (3) dates of employment, (4) reason for resignation or termination:

An Equal Opportunity Employer: Rural Minnesota CEP, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify the Human Resources Manager.

Education and Training

Have you obtained a high school diploma or GED?

Yes _____ No _____

List any post secondary school(s) (institutions, colleges, or universities, etc.) attended:

List degrees or certificates acquired:

Job Related Military Training

Memberships and Special Skills

Memberships in professional organizations relevant to your ability to perform this job: _____

Special qualifications or skills: _____

References

Name	Address and Phone Number	Relationship
1.		
2.		
3.		

Work Experience

(List most recent position first.)

Note: List each promotion as a separate position.

Month and Year	Name and Address of Employer	Position Title
From		
To		Full time? Yes ___ No ___
Describe your job duties and scope (indicate your responsibilities, size of operations, etc.): _____ _____ _____		
Reason for leaving: _____		
Supervisor's name: _____ Phone Number: _____		

Month and Year	Name and Address of Employer	Position Title
From		
To		Full time? Yes ___ No ___
Describe your job duties and scope (indicate your responsibilities, size of operations, etc.): _____ _____ _____		
Reason for leaving: _____		
Supervisor's name: _____ Phone Number: _____		

Month and Year	Name and Address of Employer	Position Title
From		
To		Full time? Yes ___ No ___
Describe your job duties and scope (indicate your responsibilities, size of operations, etc.): _____ _____ _____		
Reason for leaving: _____		
Supervisor's name: _____ Phone Number: _____		

(List additional employment on back if necessary.)

Work Experience (continued)

Note: List each promotion as a separate position.

Month and Year	Name and Address of Employer	Position Title
From		
To		Full time? Yes ___ No ___
Describe your job duties and scope (indicate your responsibilities, size of operations, etc.): _____ _____ _____ Reason for leaving: _____ Supervisor's name: _____ Phone Number: _____		

Month and Year	Name and Address of Employer	Position Title
From		
To		Full time? Yes ___ No ___
Describe your job duties and scope (indicate your responsibilities, size of operations, etc.): _____ _____ _____ Reason for leaving: _____ Supervisor's name: _____ Phone Number: _____		

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Rural Minnesota CEP, terms for my immediate expulsion from Rural Minnesota CEP, Inc.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Rural Minnesota CEP, Inc.

I permit Rural Minnesota CEP to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Rural Minnesota CEP, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Signature: _____ Date: _____

Rural Minnesota CEP, Inc.

P. O. Box 1108
Detroit Lakes, MN 56502
Attn. Human Resources Manager

Affirmative Action Applicant Form

Last name	First name	Middle initial(s)
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Date	Position(s) for which you are applying	Position(s) number(s)
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program and report the results to the Minnesota Department of Human Rights. 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

- A - Asian
- AI/AN - American Indian/Alaskan Native
- B - Black or African American
- C - Caucasian
- H - Hispanic or Latino
- M - More Than One Race
- NH/OP - Native Hawaiian or Other Pacific Islander

Gender

- Female
- Male

Disability Status

- Yes
- No

*** 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.

RMCEP, Inc. is an Equal Employment Opportunity/Affirmative Action (EEO/AA) Employer.

Upon request, this document will be made available in an alternate format.