



# 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:

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List degrees or certificates acquired:

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### Job Related Military Training

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### Memberships and Special Skills

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

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Special qualifications or skills: \_\_\_\_\_

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### Professional 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  
Attention: Human Resources Manager

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**Voluntary Applicant Survey Form**  
An Equal Opportunity, Affirmative Action Employer

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**Last name:**

**First name:**

**Middle initial(s):**

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**Date:**

**Position(s) for which you are applying:**

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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 these results to government agencies. 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 is **completely voluntary** and will only be used to monitor our compliance with equal opportunity laws and regulations.

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 separately.

**Race/Ethnicity** – Select one or more

American Indian or Alaskan Native: A person having origins in any of the original peoples of North, South or Central Americas, 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 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, Central American or other Spanish culture or origin, regardless of race.

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.

Do not wish to answer

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

Yes

No

Do not wish to answer

**Sex/Gender** – Select one

Female

Male

Non-Binary/Transgender/Gender Non-Conforming

Do not wish to answer