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**Rural Minnesota CEP, Inc.  
WORKFORCE COUNCIL  
Application Form**

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**Please return to:** Workforce Council Nominations, PO Box 1108, Detroit Lakes, MN 56502-1108  
or to Gail McKenzie at [gailm@rmcep.com](mailto:gailm@rmcep.com).

<b>I.</b>	<b>Name</b>	<b>Business Name</b>
	<b>Business Address</b>	<b>Home Address</b>
	<b>Phone @ Work</b>	<b>Cell Phone</b>
	<b>Fax</b>	
	<b>E-mail</b>	

<b>II.</b>	<b>Qualified applicants include owners of businesses, chief executives or operating officers of non-governmental employers, or other private sector executives who have substantial management or policy responsibility. Describe the employment and management functions that qualify you to represent the private sector.</b>

<b>III.</b>	<b>Attach your personal resume.</b>
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IV.	<b>Check all that apply.</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Veteran <input type="checkbox"/>	Disabled <input type="checkbox"/>	White <input type="checkbox"/>
	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native Indian/Native Alaskan <input type="checkbox"/>		Asian/Pacific Islander <input type="checkbox"/>	

V.	<b>References: List three people who are familiar with your qualifications as a potential candidate for the Workforce Council.</b>		
	<b>Name</b>	<b>Address</b>	<b>Phone &amp; E-Mail</b>

I understand that this information will be kept confidential except as it is needed by Rural MN CEP, Inc. to appoint members to the Workforce Council per the requirements of the Workforce Investment Act, Section 117, and the MN WorkForce Center System Non-Financial Agreement between RMCEP and the MN Department of Employment and Economic Development. I allow release of this information for that purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_