

803 Roosevelt Avenue ● P.O. Box 1108 ● Detroit Lakes, Minnesota 56502-1108 (218) 846-7400 ● www.rmcep.com ● www.facebook.com/RMCEP

#### To Whom It May Concern:

The Rural Minnesota CEP, Inc. Employment Application is attached. Please complete all the fields as it pertains to your education and experience, sign, and date the form.

• If you are using the fillable PDF version, note that field lengths vary, and text size will decrease to accommodate words. To ensure words remain readable, use the <u>tab key</u> to move to the next line and continue entering text as needed.

Application packets are accepted until 4:30 pm on the closing date. Submit a cover letter, completed employment application, and resume to the information provided below. These will be accepted via email, fax, paper mail, or dropped off at the office.

Melissa Kain, Human Resources Manager Rural Minnesota CEP, Inc. 803 Roosevelt Avenue Detroit Lakes, MN 56501 melissak@rmcep.com 218-847-0712 (direct) 218-847-7404 (fax)



## **Application for Employment**

Address: Street Address City State  Phone: () Email:  Position Applied For: Position #:  Are you willing to travel if your job duties call for it? Are you licensed to drive? Are you licensed to drive? Are you willing to provide a serviceable vehicle for such travel? Will you maintain liability insurance on that vehicle when in use for business travel?  WES  WILL POPULIE POPUL	Print Name:			
Street Address  City  State  Phone: () Email:	Last	First		MI
Position Applied For:	Address: Street Address	City	State	Zip
Are you willing to travel if your job duties call for it?  Are you licensed to drive?  Are you willing to provide a serviceable vehicle for such travel?  Will you maintain liability insurance on that vehicle when in use for business travel?  RMCEP policy prohibits immediate family members from supervising or being supervised by a family member. Would this situation apply for you?  Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility.)  Are there any restrictions on your employment?  Yes  If yes, explain:	Phone: ( Email	il:		
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(If offered employment, you will be required to provide documentation to verify eligibility.)  Are there any restrictions on your employment?  Yes  If yes, explain:			Yes	No
If yes, explain:			Yes	No
If yes, explain:				
	Are there any restrictions on your employment?		Yes	No
Have you ever been employed by RMCEP?  Yes	If yes, explain:			
Have you ever been employed by RMCEP? Yes				
	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	If yes, please specify: (1) position, (2) office location, (3) dat	es of employment, (4) reason for resignation	on or termina	ition:

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 diplor	na or GED?	Yes	No	
List any post secondary school(s) (insti	tutions, colleges, or universities, etc.) attended:			
-				
j <del></del>				
List degrees or certificates acquired:				
-				
	Job Related Military Training			
	Mambayahing and Spagial Skills			
Membershins in professional organizati	Memberships and Special Skills ions relevant to your ability to perform this job:			
Memociships in professional organizaci	ions relevant to your admity to perform this job.			
Special qualifications or skills:				
	Professional References	1		
Name	Address and Phone Number	Relation	onship	
1.				
2.				
İ				

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			
То		Full time? Yes No	
Describe your job dutie	es 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			
То		Full time? Yes No	
Describe your job dutie	es 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			
То		Full time? Yes No	
Describe your job dutie	es and scope (indicate your responsibilities, size of operations, etc.):		
Supervisor's name:	Supervisor's name: Phone Number:		

(List additional employment on back if necessary.)

# Work Experience (continued)

Month and Year	on as a separate position.  Name and Address of Employer	Position Title
From		
То		Full time? Yes No
Describe your job dutie	es and scope (indicate your responsibilities, size of operations, etc.):	
Reason for leaving:		
Month and Year	Name and Address of Employer	Position Title
From		
То		Full time? Yes No
Describe your job dutie	es and scope (indicate your responsibilities, size of operations, etc.):	
Reason for leaving:		
Supervisor's name:	Phone Number:	
the answers given by me misstatement) of materia	purposely withheld any information that might adversely affect my chance are true and correct to the best of my knowledge and ability. I understand fact on this application or on any document used to secure employmaployed by Rural Minnesota CEP, terms for my immediate expulsion from	nd that any omission (including any ent can be grounds for rejection of
	n employed, my employment is not definite and can be terminated at ar or Rural Minnesota CEP, Inc.	y time either with or without prior
provided. I authorize the experiences with them, employers, and all other	a CEP to examine my references, record of employment, education recorner references I have listed to disclose any information related to my without giving me prior notice of such disclosure. In addition, I release persons, corporations, partnerships and associations from any and all clair to such examination or revelation.	work record and my professiona Rural Minnesota CEP, my forme
Signature:	Date:	

### Rural Minnesota CEP, Inc.

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

### **Voluntary Applicant Survey Form**

An Equal Opportunity, Affirmative Action Employer

Last name:	First name:	Middle initial(s):
Date:	Position(s) 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 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