

Minnesota Department of Human Rights
 ATTN: Office of Equity and Inclusion for Minnesota Businesses
 540 Fairview Ave N
 Suite 201
 Saint Paul MN 55104
 Email: compliance.mdhr@state.mn.us

Workforce Certificate of Compliance Application

Company Name			
Company Legal Name:		DBA Name:	
Vendor # (if known):			
Address Information			
Physical Address: (must be a street address, PO Box only is not acceptable)			
City:	County:	State:	Zip Code:
Mailing Address: (if different from physical address)			
City:	County:	State:	Zip Code:
Contact Information			
Company Contact Name:		Company Contact Title:	
Company Contact Telephone:		Company Fax:	
Company Contact Email:		Company Website URL:	

- Enclosed is our application fee of \$150, made payable to the "Minnesota Department of Human Rights." Please note "Workforce Certificate" in the check memo.
- Or
- We have submitted our application fee of \$150 online. Confirmation #:
- And
- Enclosed is our Affirmative Action Plan (AAP).
- We are in compliance with Title VII of the Civil Rights Act of 1964, the Minnesota Human Rights Act (Act), Minnesota Rules 5000.3400 to 5000.3600, and all applicable state, local and federal laws.

- For all job titles we ensure that all personnel actions, including but not limited to recruitment, hiring, compensation, benefits, promotions, transfers, layoffs, return from layoff, company-sponsored training, education, tuition assistance, and social and recreational programs, are administered without regard to age, color, creed, disability, familial status, marital status, national origin, public assistance status, race, religion, sex, sexual orientation or membership or activity in a local human rights commission.
- We will maintain, at all our locations, our AAP that outlines our EEO policies, practices and procedures. We understand we are required to review and update the AAP on an annual basis and communicate any significant changes to our employees.
- Our EEO Policy Statement indicates our company's commitment to the principles of equal employment opportunities for women, minorities, and disabled individuals and has been signed by our company's chief executive officer or the chairperson of our company's board.
- We will request referral of qualified disabled persons from the Minnesota Department of Employment and Economic Development (DEED) pursuant to Minn. Rule 5000.3557.
- Our company's hiring processes, including all forms of our employment application, comply with Minn. Stat. §364.021 and Minn. Stat. §363A. All of the company's job postings, including those posted on the company's behalf by third-parties, will provide notice that the company is an EEO Employer.
- We understand the Minnesota Department of Human Rights (Department) may audit our company's compliance under the Act. We agree to make available to the Department all records and other information as required by Minn. Rule 5000.3400 to 5000.3600 and otherwise cooperate with any audits initiated by the Department. We understand that refusal to provide information to the Department may result in the suspension or revocation of our certificate.
- We acknowledge and agree that any misrepresentations in our application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and disbarment; and for initiating action under state law concerning false statement, fraud, or other applicable offenses.

In signing below, **I affirm that I am the President, Board Chairperson, Chief Executive Officer or executive responsible for implementing our Affirmative Action Plan** and that all of the information and statements submitted in this application, including both pages of this form, and its attachments, to the best of my understanding, is accurate and complete.

Signature

Print Name

Date

Please print and sign before returning application the Department.