

# Workforce Certificate Application Form



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## Introduction

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Thank you for applying or renewing for a Workforce Certificate! For step-by-step instructions and other information, please visit [our website](#).

Workforce Certificates require companies to maintain a workplace free from discrimination under the Minnesota Human Rights Act.

If you have any questions, send an email to [compliance.mdhr@state.mn.us](mailto:compliance.mdhr@state.mn.us) or call **651-539-1095**.

## Application checklist

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I understand I am applying for a Workforce Certificate and [meet the requirements](#).

Agree

I understand the Application Form is the first part of the Workforce Certificate application and will complete the Compliance Plan and the Workforce and Utilization Analysis & Availability and Underutilization Analysis.

Agree

I understand that I will be required to pay \$250 for the Workforce Certificate.

Agree

# Data Practices Notice

## What are we asking for?

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The Minnesota Department of Human Rights asks you to give us information to review your company's compliance with Certificate requirements under the Minnesota Human Rights Act.

## What happens if you do not give us the information?

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The Minnesota Department of Human Rights cannot properly consider your application and may be unable to award your company a Certificate.

If you are a current Certificate holder and do not provide us information included in an annual report, preconstruction packet, monthly utilization analysis, or during a compliance review, the Minnesota Department of Human Rights may be unable to determine your compliance status and could result in your company's Certificate being suspended, revoked, or denied reinstatement.

This may impact your company's ability to execute contracts with the State of Minnesota, metropolitan agencies, cities, counties, other political subdivisions, and the University of Minnesota.

## Who will have access to the information?

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**The following information is public, meaning anyone who requests it will have access to it:**

- General company information.
- Decisions by the Minnesota Department of Human Rights to issue, not issue, revoke, or suspend or otherwise penalize a certificate holder.
- List of Workforce Certificates holders.

**The following information is not public:**

- Other information submitted to the Minnesota Department of Human Rights related to obtaining or maintaining a Certificate.

A person or entity may have access to any information submitted to the extent it pertains to them but may not have access to information about other people or entities. Minnesota Department of Human Rights employees who need access to private and nonpublic information to do their jobs will have access to this information.

The Minnesota Department of Human Rights may need to share nonpublic information with the Minnesota Attorney General's Office, or other government entities to further an investigation, eliminate duplicate investigations, resolve or dispose of a charge, for the purpose of complying with the laws governing Workforce Certificates, or to promote public health and safety.

A court may order the Minnesota Department of Human Rights to give the data we collected to a person or other entity.

**I have read this notice and understand it.**

## Company Information

Company information	
<b>Company legal name</b> (as registered with the Secretary of State)	
<b>Doing business as, DBA</b> (if applicable)	
<b>Number of employees</b>	
<b>Company website</b>	
<b>State vendor/supplier ID</b> (if known)	
<b>Contracts start and end dates</b> (if known)	
<b>Contracting agencies</b> (if known)	

Address			
<b>Physical address</b> (This must be a street address. A P.O. Box is not acceptable.)			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip code</b>
<b>Mailing Address</b> (if different from physical address)			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip code</b>

EEO Official (Main contact person for the Minnesota Department of Human Rights)	
<b>First and last name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email address</b>	

CEO/President or Board Chairperson			
<b>First and last name</b>			
<b>Title</b>			
<b>Email</b>			
<b>Mailing address</b> (if different from above)			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip code</b>

Please provide a description of the company's goods or services (Word limit: 75):

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Please list all the facility names and addresses that need to be covered under the Workforce Certificate. If you need additional space, please visit the Appendix.

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## Good Faith Efforts Agreement

### Our Company affirms the following:

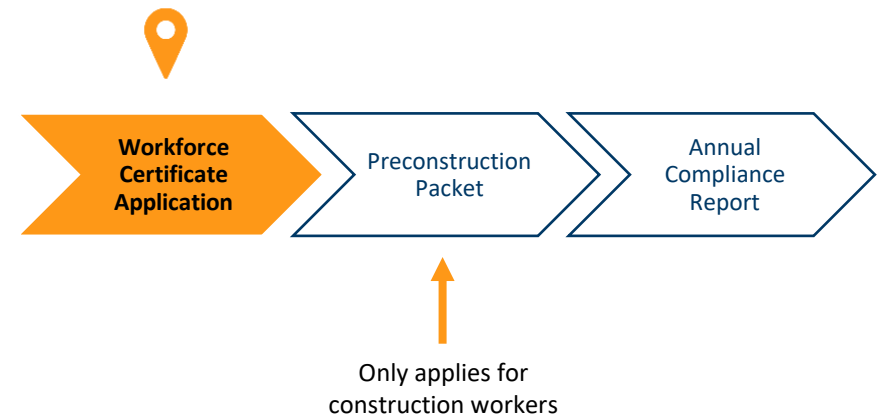
- We will comply with the Minnesota Human Rights Act, the law that requires workplaces to be free from discrimination. We administer all personnel actions without discriminating based on sex, disability, age, race, religion, national origin, sexual orientation, gender identity, color, creed, marital status, familial status, membership or activity in a local human rights commission, or status regarding public assistance.
- We will meaningfully implement our company's Compliance Plan.
- We will meaningfully implement our company's equal opportunity statement.
- We will submit timely annual and, if required, monthly compliance reports to show that our business is on track with implementing our company's Compliance Plan.
- We understand that setting and enforcing strong policies, providing quality training to employees, having strong accountability systems, and regularly reviewing employment data are all important to create a discrimination free workplace.
- We understand that the Minnesota Department of Human Rights may assess our company's compliance with the Minnesota Human Rights Act in a variety of ways, including analyzing our company's implementation of its Compliance Plan and equal opportunity statement, reviewing relevant records and information, completing an on site compliance review, and analyzing our company's implementation of any conciliation agreements reached with the Minnesota Department of Human Rights.
- We understand that misrepresentations may be grounds for terminating any awarded contract.

## Good Faith Efforts

Good faith efforts require companies to take prompt corrective action to help make sure the workplace is free from discrimination.

- We agree to take **prompt corrective action if we become aware that we're not in compliance with any of the items on the next page.**

### Where you're at in the process



## Items Requiring Prompt Corrective Action

### Hiring process

- Preemployment inquiries and application forms satisfy state law requirements (i.e., [Pay History Law](#) and [Ban the Box](#)).
- Job descriptions accurately reflect functions involved.
- Selection procedures are valid predictors of job performance.
- Hiring procedures and decisions are consistent with the Minnesota Human Rights Act.

### Current employees

- Promotion, demotion, and termination procedures and decisions are consistent with the Minnesota Human Rights Act.
- Employees are welcome to participate in company-sponsored activities, consistent with the Minnesota Human Rights Act.
- Employees are welcome to participate in the company's training or career improvement programs, consistent with the Minnesota Human Rights Act.

### Workplace

- Managers and supervisors follow the company's equal employment opportunity policies.
- Company leadership engages in evaluation of the company's equal employment opportunity policies as part of the company's efforts to make its workplace free from discrimination.
- Segregation does not exist at any facility.
- Equal employment opportunity poster(s), consistent with the Minnesota Human Rights Act, are prominently displayed for employees and job applicants.



# Payment Confirmation

The fee for a Workforce Certificate is **\$250**. The certificate is valid for **four years**.

## Online payment

You can [pay online](#) by using a credit card or a check by using the routing number and checking or savings account number.

After paying online, you will receive your payment confirmation number to enter in the application before sending to MDHR.

**Online payment confirmation number:** \_\_\_\_\_

## Pay by check

To pay by check, please make payable to the “Minnesota Department of Human Rights” and note “Workforce Certificate” in the check memo. The check should mail to:

Minnesota Department of Human Rights  
ATTN: Workforce and Equal Pay Certificate Division  
540 Fairview Ave N  
Suite 201  
Saint Paul, MN 55104

**Check number:** \_\_\_\_\_

**Name on the check:** \_\_\_\_\_

**Address on the check:** \_\_\_\_\_

# Appendix

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