



Inclusive Workforce Employer (I-WE) Employer Application

I-WE's goal is to reduce disparities and raise awareness of diversity, inclusion, and equity in the workplace by creating a designation to recognize participating employers.

Earn a recognition as an employer of choice with a designation as a Workforce Inclusive Employer, championed by the Community Workforce Inclusion Council (CWIC) whose mission is to recognize employers who are committed to inclusive workplace practices. Take the first step in becoming a part of a forward-thinking group, committed to helping your business and community grow, by completing this application.

Name of Organization	
Name of primary lead for the I-WE designation process	

EMPLOYER SECTION

Employers must comply with the following criteria to be considered for I-WE designation.

Please share your mission, vision, or values statement that illustrates your commitment to an inclusive workforce.

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Please indicate if your organization has completed a Diversity and Inclusion Assessment, including name of assessment, results, and date.

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Provide a list of the diversity and inclusion education your company provides for staff and management.

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Provide a list of the resources (time, monetary, leadership) your company is committed to building an inclusive community.

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How does your organization plan to sustain an inclusive workforce and/or community? Provide a list of the resources (time, monetary, leadership) your company is committed to building an inclusive community.

Does the Region 3 Leadership and Planning Board have your permission to communicate your I-WE Designation through local news outlets and social media? Yes No

Are there stipulations to this permission?

Are there any other comments or statements you would like to make regarding your application or the application process?

APPROVAL SECTION
To be completed by the Regional Workforce Alliance

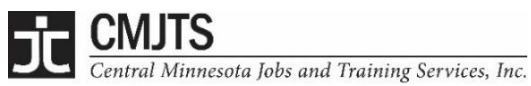
Approved This company **has** or **has not** been awarded the Inclusive Employer Designation based on the following:
 All above criteria have been met

Further action required The following criteria has not been met; therefore, further action is required.

Comments:

Region 3 Leadership Signature _____ **Date (mm/dd/yy)** _____

Return completed I-WE Employer Application Form to Della Ludwig at della.ludwig@state.mn.us or Leslie Wojtowicz at wojtowicz@cmjts.org or contact either Della or Leslie if you have any questions.



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Upon request, this information can be made available in an alternate format.