MINNESOTA TEAMSTERS CONSTRUCTION DIVISION TRAINING AND EDUCATION FUND

Equal Employment Opportunity Pledge

The apprenticeship program will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. The apprenticeship program will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 39, Part 30 of the Code of Federal Regulations.

Your Right to Equal Opportunity

It is against the law for a sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (40 years or older), genetic information, or disability. The sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship. If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow equal employment opportunity standards with:

Minnesota Department of Labor and Industry – Labor Standards 443 Lafayette Road N.

St. Paul, MN 55155

(651) 284-5005

You may also be able to file complaints directly with the Equal Employment Opportunity Commission (EEOC), or the Minnesota Department of Human Rights. You can contact the EEOC at 1-800-669-4000 or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments or the Minnesota Department of Human Rights at 651-539-1100 (TTY 651-2961283).

Each complaint filed must be made in writing and include the following information:

1. Complainant’s name, address and telephone number, or other means for contacting the complainant;
2. The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);
3. A short description of the events that the complainant believes were discriminatory, including, but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex, sexual orientation, national origin, age (40 or older), genetic information, or disability);
4. The complainants signature or the signature of the complainants authorized representative.

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