



**Application for Employment  
An Equal Opportunity Employer**



(Rev. 5-20)

We consider applicants for all positions without regard to race, color, religion, gender, national origin, gender identity, disability, age, marital status, protected Veteran status, creed, status with regard to public assistance, sexual orientation, or any other protected category under applicable state/federal law. Applicants of diverse backgrounds are encouraged to apply.

**PLEASE USE INK, PRINT INFORMATION AND COMPLETE APPLICATION BY ANSWERING EACH QUESTION FULLY & ACCURATELY.**

Position(s) Applying For:	Application Date:
Last Name: _____ First: _____ Middle: _____	Primary Phone: _____
Mailing Address: (street, city, state, zip)	Pay Expected:
Email Address:	Date Available for Work:

How Did You Learn About Us?  
 Newspaper Ad       School Placement Office       State Employment/Workforce Agency       On My Own  
 Company Website/jobs.mdu.com       Employee referral (Employee Name) \_\_\_\_\_       Other  
 Social Media (Facebook, Twitter, LinkedIn, Indeed, etc.) \_\_\_\_\_       Referral Agency  
 HAVE YOU EVER BEEN EMPLOYED WITH A KNIFE RIVER COMPANY (or its affiliates/subsidiaries)?  Yes  No  
 If yes, give Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_ Location \_\_\_\_\_

Are you legally eligible to work in the United States?	Y N
You must be 18 years of age or older to work in the Highway/Heavy Industry. Are you of age to work in this industry?	Y N
Are you willing/able when the job requires traveling by personal vehicle?	Y N
Jobs may require overtime. Are you willing to work overtime if needed?	Y N
Projects may require working nights. Are you willing/able to work nights if jobs require?	Y N
Are there specific shifts you are available for or prefer to work? _____	
Are you willing to work Saturdays or Weekends if needed?	Y N
Type of employment desired <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time/temporary & dates available _____	
Can you perform the essential functions of this job with or without accommodations?	Y N
Some work projects may require overnight travel/stays. Are you willing to travel/stay overnight?	Y N

*The information below will be used when applicable to driving positions for requests concerning your driving record to comply with DOT and state regulations.*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class A B C D Other \_\_\_\_\_

I authorize Knife River to access my driving record (signature) \_\_\_\_\_

Have you EVER been denied a license, permit, or privilege to operator a motor vehicle?.....Y N  
 Has any license, permit or privilege EVER been suspended or revoked?..... Y N  
 Have you EVER been disqualified subject to Section 391 or the Federal Motor Carrier Safety Regulations?.....Y N  
 Have you EVER tested positive, adulterated a sample or refused a drug or alcohol test?.....Y N  
 Have you EVER had an alcohol test with a result of 0.04 or higher?.....Y N  
 If the answer to any of the above questions is yes, please explain:

**Truck Driving Positions** Please identify experience you have in the following areas:

Type of Equipment	Duration of Experience (m/y)

**Shop/Maintenance Positions**

Type of Experience	Duration of Experience (m/y)

**Equipment Operator Positions**

Type of Equipment	Duration of Experience (m/y)

**Other Positions**

Type of Experience	Duration of Experience (m/y)

**EMPLOYMENT HISTORY**— A RESUME MAY BE ATTACHED BUT IS NOT ACCEPTABLE IN LIEU OF COMPLETING THIS APPLICATION. **List your last ten (10) years of employment**, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. **If more space is needed, please use additional paper.** You may exclude details which reveal age, ancestry, disability, national origin, race, religion, sex, color or other protected status.

Employer Name, City, State:	Phone:	Dates Employed From (M/Y):	To(M/Y):
Job Title:		Immediate Supervisor:	
Reason for Leaving:			
Summarize the nature of work performed and job responsibilities:			

Employer Name, City, State:	Phone:	Dates Employed From (M/Y):	To(M/Y):
Job Title:		Immediate Supervisor:	
Reason for Leaving:			
Summarize the nature of work performed and job responsibilities:			

Employer Name, City, State:	Phone:	Dates Employed From (M/Y):	To(M/Y):
Job Title:		Immediate Supervisor:	
Reason for Leaving:			
Summarize the nature of work performed and job responsibilities:			

**Comments/Other Information:**

**May we contact your current & previous employers? Y N**  
If no, please explain:

**Please list your highest level of Education/Training Completed (including Apprenticeship and Specialized Training, Degrees, Certificates, etc.):**

**AFFIDAVIT—APPLICANT’S STATEMENT**

**I understand and agree that:**

- Although management makes every effort to accommodate individual preferences, business needs may at any time make the following conditions mandatory: overtime, shift work, weekend or evening work.
- I understand that if I am employed at a division within an “at will” state, such employment is for no definite period of time and that Knife River can change wage, benefits and employment conditions at any time. If employment with this organization is at a division with an “at will” state, the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. Not all divisions are located in “at will” states.
- If a job offer is made by the company, I agree to submit to a post-offer, pre-employment physical examination, fit for duty test and drug screening test as a condition of employment. I understand that an offer of employment is conditioned upon the results of said testing being satisfactory to the company.
- I understand that any misrepresentation, material omission, or false/misleading information supplied on my application or during my interview may result in the cancellation of this application or my immediate termination of employment.
- My signature authorizes Knife River to make such investigation and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons for all liability in responding to inquiries in connection with my application. I authorize said companies, schools or persons named in this employment application to release information regarding my employment, academic records, character and qualifications.
- I authorize said companies to release information from my DOT regulated drug & alcohol testing records. I authorize release of alcohol tests, positive drug tests, refusals to test, other violations of DOT agency regulations, documentation of completion of the return-to-duty following a rule violation, any other information obtained from previous employers of a drug & alcohol rule violation.
- I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e).
- I understand that I have the right to review information provided by current/previous employers, have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- I understand that nothing contained in this employment application or in the granting of an interview creates a contract between Knife River and me for employment or for any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Knife River.
- If a conditional offer of employment is extended to me by Knife River, I understand I may be asked to authorize a background check, which may include a motor vehicle, criminal, education, employer verification and/or a credit check based on the position for which I am being considered.

**I have read and understand the above. I also certify that answers given herein are true and complete to the best of my knowledge.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The company is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, gender identity, disability, age, marital status, protected Veteran status, creed, status with regard to public assistance, sexual orientation, or any other protected category under applicable state/federal law. The Company provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable federal, state and local laws. If you are an individual with a qualified disability as defined by federal, state and local law and require a reasonable accommodation to complete any part of this application for any position, please ask for the company HR rep. or call 701-530-1444 for assistance.*

*Certain states in which we operate have statutes addressing tobacco usage, including smoking, and MDU Resources Group, Inc. and its family of companies comply with all such laws.*



## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

