

APPLICATION FOR EMPLOYMENT

Centre is an affirmative action employer and complies with EEO requirements.

FULL NAME: _____ DATE: _____

STREET ADDRESS, CITY, STATE, ZIP: _____

PHONE: _____ SOC. SEC. NO: _____

IN CASE OF EMERGENCY NOTIFY: _____

(NAME, PHONE NUMBER, RELATIONSHIP)

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

___ YES ___ NO

(If yes, please explain) _____

ARE YOU CURRENTLY UNDER ANY JURISDICTION?

___ YES ___ NO

(If yes, please explain) _____

DO YOU HAVE ANY CONVICTIONS OR ADJUDICATIONS FOR DOMESTIC VIOLENCE?

___ YES ___ NO

DO YOU HAVE ANY CONVICTIONS OR ADJUDICATIONS FOR STALKING?

___ YES ___ NO

DO YOU HAVE ANY CONVICTIONS OF ADJUDICATIONS FOR SEX OFFENSES COMMITTED IN ANY COMMUNITY?

___ YES ___ NO

HAVE YOU EVER BEEN EMPLOYED BY AN INSTITUTION?

___ YES ___ NO

IF "YES" PLEASE PROVIDE NAME, ADDRESS, AND TELEPHONE # OF EMPLOYER. PLEASE PROVIDE DATES OF EMPLOYMENT WITH INSTITUTION (i.e.; prison, jail, hospital, community correctional facility): _____

DO YOU HAVE ANY DRIVING VIOLATIONS? (Speeding tickets, DUI's etc.)

___ YES ___ NO

(If yes, please explain) _____

POSITION APPLYING FOR: _____

HOW DID YOU BECOME AWARE OF THIS JOB POSITION? (Check box)

Newspaper: _____ Job Service: _____ JobsHQ: _____ Other: (please explain) _____
College: _____ Which College? _____ Career Fair: _____ Which Fair? _____

EDUCATION/TRAINING

Circle highest grade completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18

Name of School	Course of Study	Degree, Certificate, Occup. License
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subjects of special study or research work: _____

List any other educational qualifications that should be considered: _____

ACTIVITIES

Please list class or professional organizations. List organizations, scholastic honors, societies, and other extracurricular activities: (exclude organizations, etc., which indicate the race, color, religion, or national origin of its members). Please include hobbies and recreational interests.

PLEASE COMPLETE YOUR WORK HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB.

A) COMPANY _____ CITY _____ STATE _____

SUPERVISORS NAME _____
COMPANY TELEPHONE NUMBER _____

MAY WE CONTACT THIS EMPLOYER? (X Appropriate Box) YES _____ NO _____

JOB TITLE _____ HOURS WORKED PER WEEK _____

LIST SPECIFIC TASKS COMPLETED ON THE JOB: _____

DATE STARTED:	DATE ENDED:	WAGE/SALARY
_____/_____/_____ Month / Year	_____/_____/_____ Month / Year	\$ _____ Per _____

REASON FOR LEAVING: _____

B) COMPANY _____ CITY _____ STATE _____

SUPERVISORS NAME _____

COMPANY TELEPHONE NUMBER _____

MAY WE CONTACT THIS EMPLOYER? (X Appropriate Box) YES ___ NO ___

JOB TITLE _____ HOURS WORKED PER WEEK _____

LIST SPECIFIC TASKS COMPLETED ON THE JOB: _____

DATE STARTED:

_____/_____/_____

Month / Year

DATE ENDED:

_____/_____/_____

Month / Year

WAGE/SALARY

\$ _____ Per _____

REASON FOR LEAVING: _____

C) A) COMPANY _____ CITY _____ STATE _____

SUPERVISORS NAME _____

COMPANY TELEPHONE NUMBER _____

MAY WE CONTACT THIS EMPLOYER? (X Appropriate Box) YES ___ NO ___

JOB TITLE _____ HOURS WORKED PER WEEK _____

LIST SPECIFIC TASKS COMPLETED ON THE JOB: _____

DATE STARTED:

_____/_____/_____

Month / Year

DATE ENDED:

_____/_____/_____

Month / Year

WAGE/SALARY

\$ _____ Per _____

REASON FOR LEAVING: _____

Please summarize any other work history that you may have: _____

REFERENCES

Please list 3 three **PROFESSIONAL** references (employee supervisors, owners, managers, professors, advisors etc). Personal references will not be accepted (friends, family etc.)

Name	Telephone	How Acquainted
_____	_____	_____
_____	_____	_____
_____	_____	_____

SMOKING POLICY:

Centre, Inc. is committed to the health and well being of its employees and other individuals in the workplace, and is committed to comply with North Dakota law which prohibits smoking within Centre premises and within 20 feet of entrances, exits, operable windows, air intakes and ventilation systems of enclosed areas of places of employment. Smoking is also prohibited in any Centre vehicles. Anyone who is observed smoking in violation of North Dakota law must be immediately directed to extinguish the product being smoked. If the person does not stop smoking, that person must immediately be asked to leave the premises. If the person in violation refuses to leave the premises, the violator shall be reported to the appropriate law enforcement agency. Failure to prevent and prohibit others from smoking within our premises or vehicles is a violation of North Dakota law. Employees who violate this policy and North Dakota law will be subject to discipline up to and including termination.

APPLICANT IS SUBJECT TO THE FOLLOWING BACKGROUND RECORD CHECKS:

National Crime Information Center (NCIC), Bureau of Criminal Investigation (BCI), National Law Enforcement Telecommunications System (NLETS), DMV Check, finger prints, criminal records and any other appropriate background checks. Applicant will also be processed through the E-Verify system to determine employment eligibility. (Please Complete Attached Form)

Signature of Applicant

Date

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications for employment. I will hold Centre, Inc, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Centre, Inc. complies with ND Smoke Free Law N.D.C.C.23-12-9 to 23-12-12.

Applicant Printed Name

Date

Applicant Signature

JOB APPLICANT SELF-IDENTIFICATION OF RACE/ETHNICITY AND SEX

We are an equal opportunity and affirmative action government contractor. In compliance with government regulations, we are required to record numbers of job applicants by sex, and ethnic category. We ask that you indicate your race or ethnicity and sex. **DO NOT WRITE YOUR NAME.** This information will NOT be kept with your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

I IDENTIFY MYSELF AS:

CHECK ONE:

Male Female

CHECK ONE:

Hispanic or Latino
 Not Hispanic or Latino

CHECK ONE:

(Only if Not Hispanic)

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including South America) and who maintain tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races** – All persons who identify with more than one of the above races.
- I prefer not to answer.

Job Title(s) Applied for:

Date of Job Application:

If you have any questions about the government requirements or this request, please contact our Human Resources Department at 701-893-9165.

This completed form should be returned to: Hiring Manager

**Invitation to Self-Identify
(Pre-Offer)**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC – 305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are we being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- **Blindness**
- **Deafness**
- **Cancer**
- **Diabetes**
- **Epilepsy**
- **Autism**
- **Cerebral Palsy**
- **HIV/AIDS**
- **Schizophrenia**
- **Muscular dystrophy**
- **Bipolar Disorder**
- **Major Depression**
- **Multiple sclerosis**
- **Missing limbs or partially missing limbs**
- **Post-traumatic stress disorder (PTSD)**
- **Obsessive compulsive disorder (OCD)**
- **Impairments req. the use of wheelchair**
- **Intellectual disability (previously called mental retardation)**

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DO NOT HAVE A DISABILITY
- I DO NOT WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC – 305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUNLIC 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.