

EMPLOYMENT APPLICATION

Equal Opportunity Employer



Thanks for your interest in working for us!

Please review these important features of our hiring process:

1. We accept applications at all times only from persons with specific recent experience in certain specialties in our industry.
2. Other applications are only accepted if a current vacancy exists.
3. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Your application is active only for 60 days, or until the current hiring process closes, whichever is later. To be considered for openings after that, an updated application will be required.
5. We conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
6. Hiring is a two way process – We encourage you to ask questions and will do our best to answer them.
7. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.
8. Sometimes internal candidates are being considered along with outside applicants.
9. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

PLEASE INITIAL THIS AFTER READING ABOVE _____



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Great Floors shall recruit, hire, train and promote in all job titles without regard to race, color, creed, national origin, gender, pregnancy, marital status, religion, age, gender identity, sexual orientation, military service, disability or veterans of the Vietnam era status, handicaps or any other basis prohibited by federal, state or local law. All other personnel actions, such as compensation, benefits, Company sponsored training, transfer, demotion, termination, layoff and return from layoff, shall be administered without regard to race, color, creed, national origin, gender, pregnancy, marital status, religion, age, gender identity, sexual orientation, military service, disability or veterans of the Vietnam era status, handicaps, or any other basis prohibited by federal, state or local law.

INSTRUCTIONS – PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date:					
Last Name:		First Name:	Middle Initial:	Social Security Number:	
Present Street Address:			City:	State:	Zip:
Previous Address (if less than 3 years at present address):			City:	State:	Zip:
Telephone Number: ()	Email:	Emergency Contact Person:		Emergency Phone Number: ()	
Are you at least 18 Years of Age?	If under 18, do you have a work permit?		Can you provide proof that you can be lawfully employed in this state?		
Have you applied for work at Great Floors before? If yes, when?			Have you worked for Great Floors before? If yes, when and what position?		

Do any of your relatives or persons of you same household work for Great Floors? If yes, please list their name(s).

Position applied for:	Have you done this kind of work before? If yes, where?	Date you are available to start work:	
List other jobs you believe you may be qualified for:			
How were you referred to us?			
Newspaper (name):	Employee Referral (name):	School (name):	Other:
Your preferred schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> Temp/Seasonal	What weekdays and hours are best for you?	What would be your second choice?	
Check if you are willing to accept regular work on: <input type="checkbox"/> Full Time <input type="checkbox"/> Temp/Seasonal <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Part Time <input type="checkbox"/> Evening Shift <input type="checkbox"/> On Call <input type="checkbox"/> Variable Shifts		Could you stay late on short notice if required?	
Any prior commitments which would require absence of more than a few hours in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Are you now or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
List any certificates or licenses you hold related to your qualifications for the work you seek:	Are you willing to relocate?		

EDUCATION

	School Name and Full Address	Attended Dates		Graduated	Degree & Major Areas	GPA
		From:	To:			
High School						
College/Univ.						
College/Univ.						
Trade / Other						
Are you currently a student? If yes, where?			Scholastic honors achieved:			
Outside activities while in school which you feel reflect your abilities:						
Plans for future education/training:						

WORK HISTORY

Start with PRESENT or most recent employer. Include Military experience or volunteer work if full time or your major activity.

Name of organization:		Employment dates (Month & Year):		Type of business or industry:		
		From:	To:			
Street Address:			City:	State:	Zip:	
Supervisor Name, Title:	May we contact?	Phone Number: ()	Starting Pay: \$	Ending Pay: \$	Employment Status: (FT, PT, Contract)	
Your job title(s), duties, and skills used:				Reason for leaving:		

Name of organization:		Employment dates (Month & Year):		Type of business or industry:		
		From:	To:			
Street Address:			City:	State:	Zip:	
Supervisor Name, Title:	May we contact?	Phone Number: ()	Starting Pay: \$	Ending Pay: \$	Employment Status: (FT, PT, Contract)	
Your job title(s), duties, and skills used:				Reason for leaving:		

Name of organization:		Employment dates (Month & Year):		Type of business or industry:		
		From:	To:			
Street Address:			City:	State:	Zip:	
Supervisor Name, Title:	May we contact?	Phone Number: ()	Starting Pay: \$	Ending Pay: \$	Employment Status: (FT, PT, Contract)	
Your job title(s), duties, and skills used:				Reason for leaving:		

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER SKILLS AND QUALIFICATIONS

Please mention any other skills, qualifications, or experience pertinent to the career you seek, e.g. computers, software, machines, tools, special certifications, etc...

REFERENCES – NOT FORMER EMPLOYERS

Name:	Address, City, State, Zip:	Phone Number:	Occupation:

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal. I authorize this employer to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I release, hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities. I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice.

I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so will void any offer of employment. I understand that employment may be contingent upon a post-offer physical examination by a medical doctor. Upon an offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature of applicant

Today's Date

ADDITIONAL INFORMATION – VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYEES

The Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race or ethnicity along with protected Veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Employee No.: _____ Gender: Female
(Last / First / Middle) Male

Address: _____ Telephone No.: _____
(Address / City / State / Zip)

ETHNIC BACKGROUND: (Check One)

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islanders (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (Not Hispanic or Latino)** - 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.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (Including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

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**
- (4) **Armed Forces service medal Veterans**

These classifications are defined as follows:

- **Disabled Veteran:** 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.
- **Recently separated Veteran:** 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.
- **Active duty wartime or campaign badge Veteran:** 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.
- **Armed Forces service medal Veteran:** 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.

(cont. on next page)

(cont.)

As a Government contractor subject to VEVRAA, we are required to submit a report each year identifying the number of our employees belonging to each specified "protected Veteran" category. If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- Disabled Veteran
- Recently separated Veteran – Date of separation _____
- Active wartime or campaign badge Veteran
- Armed Forces service medal Veteran

- I am a protected Veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected Veteran.
- I decline to disclose my Veteran status

If you are a disabled Veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled Veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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.

It is the policy of MDU Resources Group, Inc. not to discriminate on the basis of a physical or mental disability or an individual's status as a Covered Veteran with regard to recruitment or recruitment advertising, hiring, training, promotion, and other terms and conditions of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. The Company does and will take affirmative action to employ, advance in employment, and otherwise treat qualified individuals with disabilities and Covered Veterans without discrimination based upon their physical or mental disability, or Veterans' status, in all employment practices.

**An Equal Opportunity Employer/Affirmative Action employer.
All qualified applicants will receive consideration for employment without regard to race, color,
religion, sex, national origin, disability, or protected Veteran status.**

Signature: _____

Date: _____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY**WHY ARE YOU 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.¹ 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 self-identify 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:

- Autism
- Bipolar Disorder
- Blindness
- Cancer
- Cerebral Palsy
- Deafness
- Diabetes
- Epilepsy
- HIV/AIDS
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called mental retardation)
- Major Depression
- Missing limbs or partially missing limbs
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Obsessive Compulsive Disorder
- Post-traumatic Stress Disorder (PTSD)
- Schizophrenia

Please check one of the boxes below:

- YES, I have a disability (or previously had a disability)
(If yes, please complete **Reasonable Accommodation Notice*** below.)
- NO, I don't have a disability
- I don't wish to answer

Name: (Please print) _____

Date: _____

Signature: _____

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the 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.

***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. Yes No

Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.