



APPLICATION FOR EMPLOYMENT

Note: You are not required to answer any questions on this form that you feel would infringe on your personal or legal rights...Sellin Brothers Inc. is an equal opportunity employer. We will not tolerate discrimination because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance. All qualified applicants are welcome to submit applications for employment. All offers of employment are subject to and conditioned on consent to drug and/or alcohol testing and a negative test result.

Today's Date: _____ ****Note: This application will remain active for 90 days from this date.**

Personal Information (please print)

Social Security Number: _____ - _____ - _____

Name: _____
Last
First
Middle Initial

Mailing Address: _____
Street/P.O. Box
City
State
ZIP Code

Street Address: _____
City
State
ZIP Code

Telephone Number: _____ Cell Number _____

Are you 18 years or older? Yes No Do you have a valid driver's license? Yes No CDL

Position applying for: _____ Date you can start: _____

Wage Desired: _____ per _____

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Have you applied at Sellin Brothers, Inc. before? Yes No If so, when? _____

Do you have a High School diploma or G.E.D.? Yes No If not, highest grade completed: _____

Special Training or Education Beyond High School

Name of School & Location	Course of Study	Type of Degree, Certificate or Occupational License

Military Service Record

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch: _____	Dates of Service: From: _____ To: _____
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What type of education, training and work experience did you receive in the military?

Continued (Over)

Employment History

Present or Most Recent Job First

From:	To:	Name Of Employer:	Title or Duties of Position:	Rate of Pay:	Reason for Leaving:

Equipment Training

List all tools, equipment, or machinery that you have experience with.

Union Membership

Are you a union member? Yes No If so, what union? _____

References

Name	Relationship	Phone Number

I certify that the facts contained in the application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on the application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Sellin Brothers, Inc.

Signature: _____ Date: _____

How did you hear about this position?

- State Employment Agency
- Fargo Forum
- Hawley Herald
- College Website _____
- Other _____

For Office Use:

Hired? Yes No (Circle Rejection Code)

- 1 Incomplete Application
- 2 Lacks appropriate knowledge/does not meet qualification
- 3 Insufficient experience
- 4 Wrong specialization/does not meet preferred qualifications
- 5 Received too late to consider (missed deadline)
- 6 Candidate not interested and/or withdrew from consideration
- 7 Candidate qualified but experience higher in other candidate
- 8 Other (Please explain)



Pre-Employment Consent and Testing Appointment Agreement

Sellin Brothers Inc. makes all offers of employment subject to and conditioned on the applicant's: (1) consent to taking a drug and/or alcohol test; and (2) a negative test result. Applicants will be required to voluntarily submit to urinalysis, blood, or breath test and/or alcohol testing and sign a "Pre-Employment Consent and Testing Appointment Agreement" (SBI 101). If the tests are positive or if the applicant refuses to undergo testing, the offer of employment will be withdrawn, provided that, where an offer is withdrawn on the basis of a positive alcohol test, the withdrawal is job-related and consistent with business necessity.

Sellin Brothers Inc. will not withdraw an offer of employment on the basis of a positive test result from an initial screening test that has not been verified by a confirmatory test. If the job offer is withdrawn, Sellin Brothers Inc. will inform the job applicant of the reason for its action.

I consent to submit to drug and/or alcohol testing as outlined in this agreement.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine specimens tested for drugs at a U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (HHS/SAMHSA)-certified laboratory.

I consent to the release of the drug and/or alcohol test results in accordance with this agreement to the selected Medical Review Officer (MRO), Designated Employer Representative (DER) Mark Sellin, Drug Program Coordinator (DPC) Nicki Ulrich, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

Applicants Name: _____ Date: _____

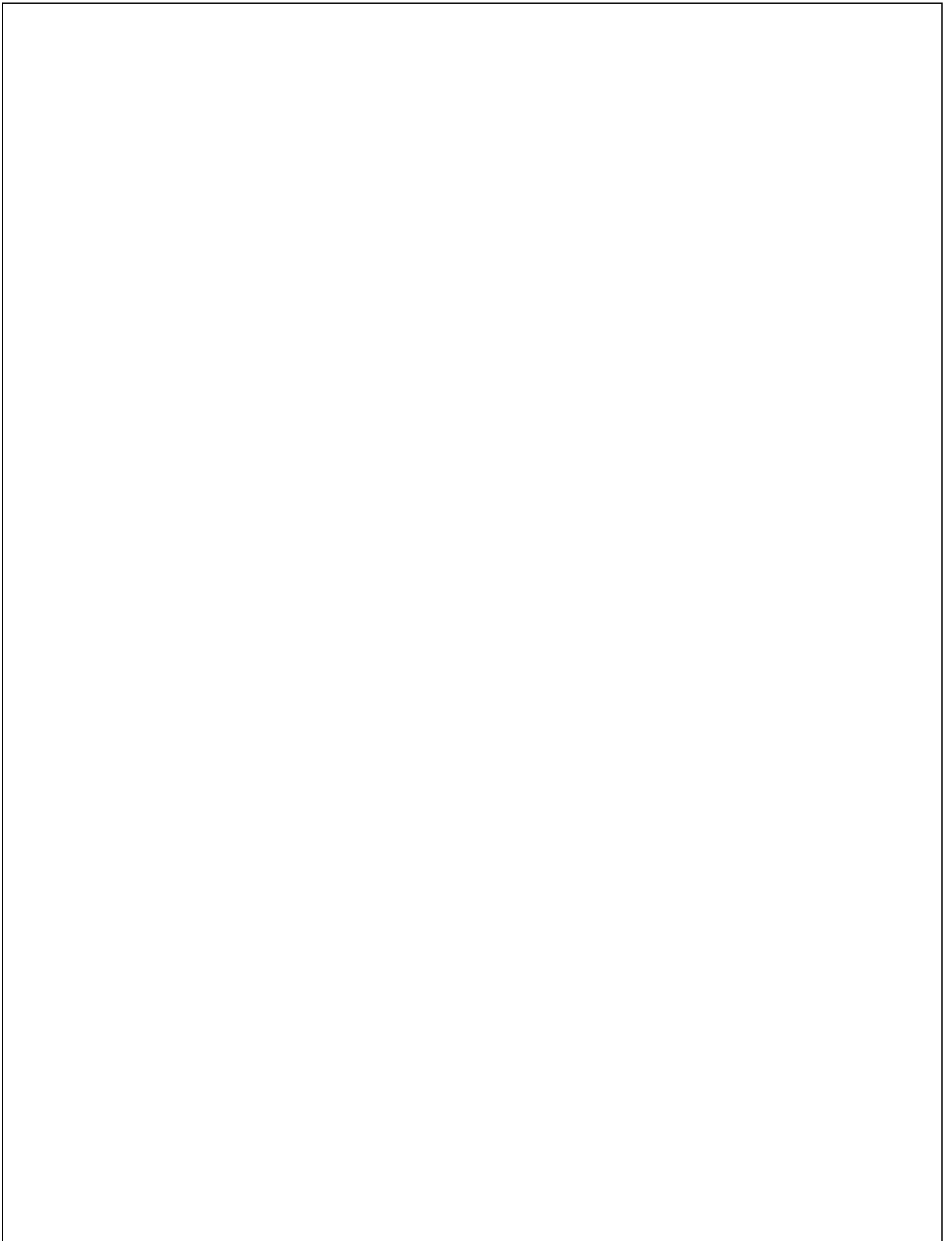
Applicants Social Security Number: _____

Applicants Signature: _____

Note: If the employee is under the age of 18 the area below must be completed:

I am the parent/guardian of _____, and I acknowledge that I understand the Company's has a Drug-Free Workplace Policy. I hereby consent to his/her participation in the Pre-Employment drug and/or alcohol screening.

Parent/Guardian Signature: _____ Date: _____



Invitation to Self Identify (Pre-Offer)

SBI 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:

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](#).

If 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

<u>VETERAN STATUS:</u>

- I AM NOT A VETERAN
- I AM A DISABLED VETERAN
- I AM A RECENTLY SEPARATED VETERAN
- I AM AN ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN
- I AM AN ARMED FORCES SERVICE METAL VETERAN

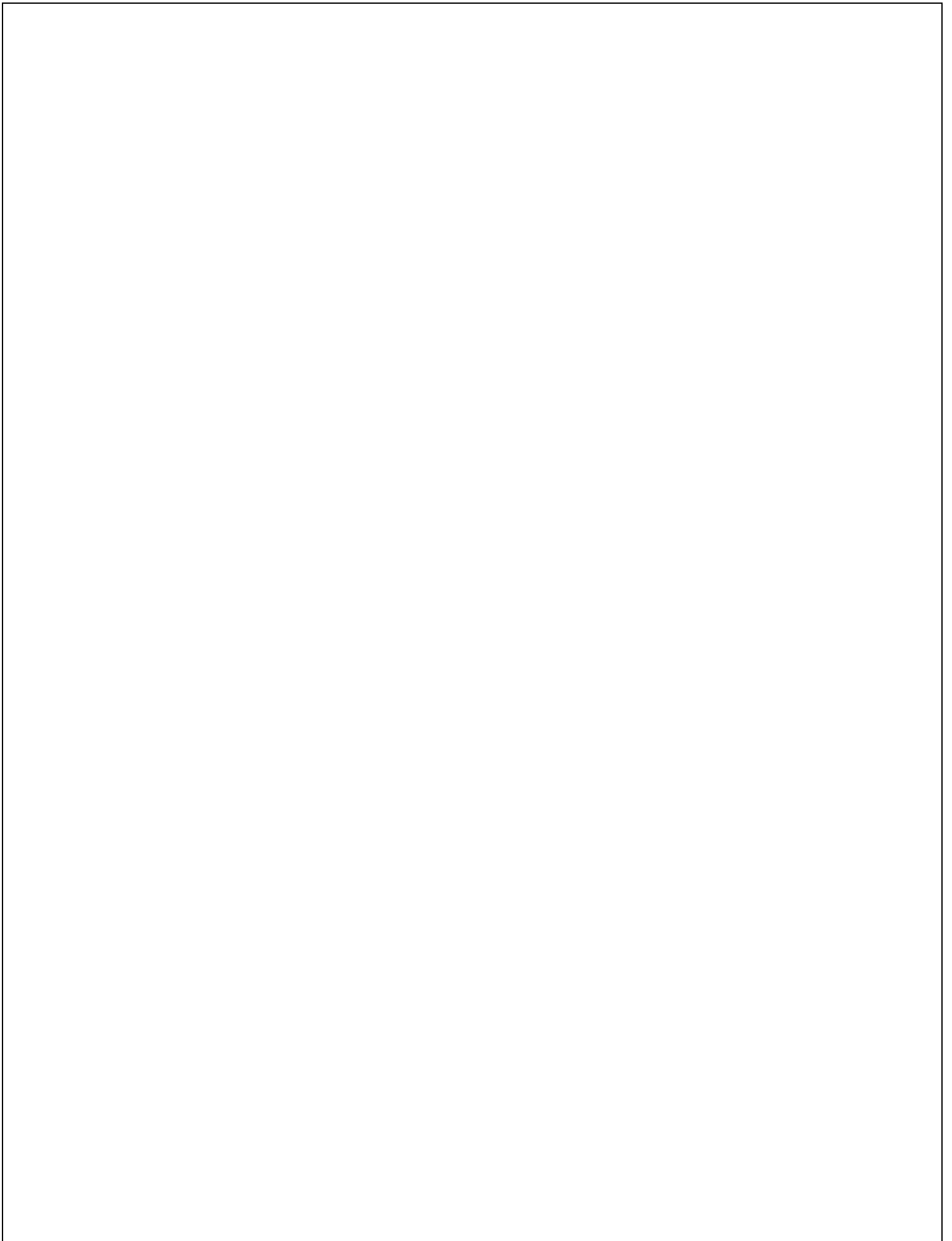
<u>GENDER, RACE, ETHNICITY:</u>
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- Male Female
- Caucasian
- Native American
- Black American
- Hispanic American
- Asian Indian
- Asian Pacific Islander
- Subcont. Asian American
- Asian-Pacific American

Name (print)

Signature

Date



Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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.

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

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

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 a sign language interpreter, or using specialized equipment.

ⁱ Section 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.

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