



Application for Employment
An Equal Opportunity Employer



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. (Rev. 7-23)

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

Form with sections for: Position(s) Applying For, Application Date, Last Name, First, Middle, Primary Phone, Mailing Address, Pay Expected, Email Address, Date Available for Work, How Did You Learn About Us, and various eligibility questions.

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

Equipment Operator Positions

Table with 2 columns: Type of Equipment, Duration of Experience (m/y)

Table with 2 columns: Type of Equipment, Duration of Experience (m/y)

Shop/Maintenance Positions

Other Positions

Table with 2 columns: Type of Experience, Duration of Experience (m/y)

Table with 2 columns: 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 Knife River Corporation and its subsidiaries comply with all such laws.*

## ADDITIONAL INFORMATION – VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS

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: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Gender:  Female  
(Last / First / Middle) \_\_\_\_\_  Male

Address: \_\_\_\_\_  
(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:

- **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 of 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.

**Veteran Status:** 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 to measure the effectiveness or 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

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.

### HOW WERE YOU REFERRED TO US:

- Newspaper Ad
- Private Placement Firm
- State Employment/Workforce Agency
- School Placement Office
- Company Web Site/jobs.kniferiver.com
- Employee Referral \_\_\_\_\_

OTHER:  Name of Referral Source: \_\_\_\_\_  Veteran Referral Source: \_\_\_\_\_

Disabled Individual Referral Source: \_\_\_\_\_  Female Referral Source: \_\_\_\_\_

Minority Referral Source: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Job Applying For: \_\_\_\_\_

Signature of Applicant: ( Applicant digitally signed this document): \_\_\_\_\_

**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. Confidential – Return to HR Dept.**

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

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

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want 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: