Native Resource Development Company, Inc. is an Equal Opportunity Employer/Affirmative Action employer. It is our policy to provide employment opportunities, compensation, and other benefits related to employment based on qualifications without regard to race, color, religion, national origin, age, sex, sexual orientation or gender identity, marital, veteran or disability status, or any other basis protected by federal, state and local fair employment laws. Applicants requiring reasonable accommodation to enable access to or assistance with the application and/or interview process should notify a representative of the company.

EMPLOYMENT APPLICATION

Applicant Name: _____ **Date:** _____/_____/_____
(Last, First, Middle)

EMPLOYMENT DESIRED

NOTE: NRDCI accepts applications only for currently posted job openings and prior to the closing date stated in the job posting. An incomplete application may disqualify you from further consideration. Do not leave spaces blank--enter N/A in any space for which you have no information.

Position and Location: _____

Date You Can Start Work: _____ **Salary/Hourly Wage Desired:** _____

Apart from absence for religious observance, are you available to work? ↓

Full Time ☐Yes ☐No	Evening ☐Yes ☐No	Weekends ☐Yes ☐No	Rotating Shifts ☐Yes ☐No
Part Time ☐Yes ☐No	Early A.M. ☐Yes ☐No	Holidays ☐Yes ☐No	On Short Notice ☐Yes ☐No
Temporary ☐Yes ☐No	Overtime ☐Yes ☐No	Any Day(s) ☐Yes ☐No	On Call ☐Yes ☐No

Present Address: _____
(Street)

_____
(City/State/Zip Code)

Telephone: ( )_____ **Alternate Telephone:** ( )_____

E-Mail Address: _____

If there are other names that may appear on employment or educational records, list all names by which you have been known: _____

Upon hire, can you provide proof of eligibility to work in the U.S.? ☐No ↓ ☐Yes ↓

Note: If offered employment, you will be required to complete an INS Form I-9, Employment Eligibility Verification, within three (3) days and provide proof of identity and eligibility to work in the U.S.

Are you over the age of 18? ☐ No ↓ ☐ Yes

Applicants under the age of 18 may be required to present a valid work permit and/or parent's consent

Do you have any relatives or friends currently employed by this company? ☐ No ☐Yes ↓

If Yes, Who and Where? _____

Do you have a valid Driver's License? ☐ No ☐ Yes **Operator** ☐ **Commercial** (CDL) ☐

Driver License #: _____ **Issuing State:** _____ **Expiration Date:** _____

Driver License #: _____ **Issuing State:** _____ **Expiration Date:** _____

******A RÉSUMÉ WILL BE ACCEPTED IN ADDITION TO, BUT **WILL NOT** BE ACCEPTED IN LIEU OF THIS COMPLETED EMPLOYMENT APPLICATION******

The following information will be used to the extent that it is relevant to the qualifications required for the position for which you are applying:

EDUCATION AND TRAINING

Do you have a High School Diploma or GED? ☐ No ↓ ☐ Yes

If "No", Highest Grade Completed: (Select One) 1 2 3 4 5 6 7 8 9 10 11 12

Did you Graduate from trade School, college/university, graduate School? ☐ Yes ☐ No ↓ **If "Yes", which Trade School, College or University?** _____

What Certificate(s) or Degrees did you earn? _____

Describe any specialized training, skills or experience, including supervisory experience, related to the position applied for:

Computer Skills: ☐ PC ☐ Mac/Apple **Operating System:** _____

Software: ☐ MS Word ☐ MS Excel ☐ MS PowerPoint ☐ E-Mail

Version: _____ _____ _____ _____

Other software: _____

List professional licenses, certifications and professional memberships:

WORK EXPERIENCE

List all employment for at least the last 15 years, including military, beginning with your present or last job held. If needed, continue on a plain sheet of paper and attach it to the application. Applicants for Driver positions must provide at least all employers during the past three (3) years.

Describe knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying. If you were self-employed, give firm name. Include periods of unemployment, school attendance or other reasons for gaps in employment. Incomplete information could disqualify you from further consideration.

Company			**Supervisor**		
Address			**Telephone No.**		
City		**State**		**Zip Code**	
Job Title		**Starting Pay**		**Ending Pay**	
Dates of Employment	**From**		**To**		
Job Duties					
Reason for Leaving					

Company			**Supervisor**		
Address			**Telephone No.**		
City		**State**		**Zip Code**	
Job Title		**Starting Pay**		**Ending Pay**	
Dates of Employment	**From**		**To**		
Job Duties					
Reason for Leaving					

Company			**Supervisor**		
Address			**Telephone No.**		
City		**State**		**Zip Code**	
Job Title		**Starting Pay**		**Ending Pay**	
Dates of Employment	**From**		**To**		
Job Duties					
Reason for Leaving					

Company			**Supervisor**		
Address			**Telephone No.**		
City		**State**		**Zip Code**	
Job Title		**Starting Pay**		**Ending Pay**	
Dates of Employment	**From**		**To**		
Job Duties					
Reason for Leaving					

Have you even been in the Armed Forces? ☐ Yes ☐ No

Branch of Service: Entry Date: Discharge Date: Rank at Discharge:

_____ _____ _____ _____

Have you ever been employed by this company in the past? ☐ Yes ☐ No
If yes, give dates of employment, position title, location, and your name while employed:

_____

Are you working for another employer or do you have any commitments to another employer, including a non-compete agreement? ☐ Yes ☐ No

If yes, please state with whom and explain how it may affect employment with our company:

_____

_____

Have you ever been terminated from a job or asked to resign by an employer? ☐ Yes ☐ No
If yes, please identify which employer and describe the circumstances: _____

_____

_____

Have you had any auto accidents or moving violations in the past 3 years? ☐ Yes ☐ No
If yes, how many? Describe briefly: _____

_____

Some categories of positions are subject to regulations and other restrictions which prohibit hiring individuals with certain types of criminal convictions. Following an initial interview, applicants whom NRDCI intends to consider further for employment in those positions will be required to provide information regarding criminal convictions, and may be required to undergo a criminal background check in order to continue to be considered for employment.

A criminal conviction is not an automatic disqualification of employment. Factors such as how this conviction would relate to the position, age and time of occurrence, and the seriousness and nature of the circumstances will be considered.

REFERENCES

List below three (3) persons, not relatives, who have known you at least three (3) years.

NAME	ADDRESS	PHONE NUMBER	LENGTH / NATURE OF RELATIONSHIP

******** APPLICANTS FOR DRIVER POSITIONS WITH NATIVE TRANSPORTATION MUST COMPLETE THE FOLLOWING SECTION OF THE APPLICATION. APPLICANTS FOR ALL OTHER POSITIONS MAY SKIP THAT SECTION ********

APPLICANT'S AGREEMENT AUTHORIZING RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

To: Any person, organization or agency having knowledge of my employment or education history, conduct or activities

I, _____, having applied for employment with Native Resource Development Company, Inc. (NRDCI), hereby authorize NRDCI and its agents to investigate my personal, work, and education histories, and to conduct personal inquiries to determine my qualifications and suitability for employment.

I hereby authorize any person or entity providing information or records to NRDCI pursuant to this agreement to provide and release such personal, employment, and education related information in its possession or custody as may be requested by NRDCI, and I hereby expressly and knowingly waive any claim of confidentiality I might have with regard to such information. I hereby authorize that a photocopy/facsimile of this authorization may be considered as valid as original.

I hereby also expressly release and agree not to sue any person or entity providing information or records to NRDCI pursuant to this Agreement from any and all claims of liability for providing such information and records.

I hereby also expressly waive any right of action, cause of action, or other means of redress I may have against any person or entity supplying employment-related information, including but not limited to information concerning my background, work history, and disciplinary history, to NRDCI pursuant to this agreement.

_____
Applicant's Signature

_____ _____
Printed Name Date

Copy Distribution: **1. Site Manager (Applicant Tracking Files)**
2. HR Department

APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH SECTION:

_____ I authorize NRDCI to investigate information concerning my employment history, education, and all other aspects of my background relevant to my application for employment, including contacts with past and present employers, references, and schools (whether listed or not); persons, law enforcement agencies, and any other sources of information as necessary in making an employment decision. I voluntarily release NRDCI, its agents, and all persons responding to such inquiry from all liability arising from such investigation and for providing a good faith reference. I expressly waive any claims, including without limitation, defamation, emotional distress, invasion of privacy, and interference with contractual relations, that I might otherwise have against NRDCI, its agents and officials, or any provider of such information.

_____ I understand that all information and documents acquired by NRDCI will be maintained as confidential by the Company, and that the Company will not release such information to me.

_____ I understand that all terms of employment or offers of employment are conditional until the required background investigation is complete. I further understand and agree that if the results of such background check are not satisfactory, in the sole discretion of NRDCI, that NRDCI may provide me with notice of withdrawal of its offer, and that I will not be entitled to further process or procedure.

_____ I understand and agree that any employment NRDCI may offer me will be on an at-will basis and for an indefinite duration, and that either I or NRDCI will be free to terminate any such employment relationship at any time, for any reason, with or without specified notice or reason, as long as such termination does not violate applicable laws.

_____ I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with NRDCI creates an actual or implied contract of employment, and that the contents of employee handbooks, policy manuals, benefit plans, and the like, as they may exist from time to time, or other Company practices, shall not serve to create an actual or implied contract of employment, or otherwise change the employment-at-will relationship, and that this relationship cannot be altered except by a written document signed by the President/CEO of the Company.

_____ I understand that (1) the Company is committed to remaining a drug-free workplace and has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

_____ I understand and agree that it is my responsibility to read, understand, and comply with the Company's policies and procedures that may change from time to time. I further understand that if I am employed, the Company may unilaterally change or revise its benefits, policies, and procedures, and that any such changes may include reduction in benefits.

_____ I understand that this employer is a Navajo preference and equal opportunity employer.

_____ I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and I still wish to be considered for employment, it may be

_____ By signing or checking the box below, I affirm that I have read, understood, and consented to the above statements. I understand that the information provided on this application form and on any accompanying resume, continuation sheets, and other documentation submitted in connection with my application will be relied upon in considering my application for employment, and I affirm that such information is true and complete to the best of my knowledge.

_____ I understand and agree that any misrepresentation, false or misleading statement, failure to reveal any prior employer or other omissions by me on this Application, on any other documents submitted in conjunction with it, including a resume, or as part of any other phase of the employment process, will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company.

_____ _____

Applicant's Signature Date

_____

Print Name

Thank you for your time and effort in completing this application. We appreciate your interest in Native Resource Development Company, Inc.

AFFIRMATIVE ACTION: APPLICANT VOLUNTARY SELF IDENTIFICATION FORM

Native Resource Development Company, Inc. is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, disability, veteran status or any other legally protected status. As a Federal government contractor NRDCI is required to take Affirmative Action to employ and advance in employment qualified women, minorities, protected veterans, and individuals with a disability. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants are invited to participate in our Affirmative Action Program by completing this form and reporting their gender, status as minority, disabled, or protected veteran status.

In extending this invitation, you are advised that: (1) you are under no obligation to provide this information, but may do so in the future if you choose; (2) any information you provide will remain confidential and will not be used in any hiring or employment decision; (3) and responses will be used only for the necessary reporting required by law.

Completion of this form is strictly voluntary. If you decline to provide the requested information, it will have no bearing on your application; will have no impact in our consideration of you for employment; and will not subject you to any adverse treatment. If you choose not to provide information, please indicate this in the box in each section. If you choose to participate by completing this form, we thank you for your cooperation.

I. General Applicant Information—Please complete

_____	_____	_____
Name	Position Applied For	Date

II. Affirmative Action Data—Please complete

A. Gender—check one box: ☐ Male ☐ Female ☐ Do not wish to identify

B. Race/National Origin—Check the box that corresponds to the category that best identifies your race/ethnicity.

Race/Ethnic Category	**Definition of Category**
☐ Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
NOT Hispanic or Latino	
☐ Caucasian	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
☐ 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ 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.
☐ American Indian or Alaska Native	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.
☐ Do not wish to identify	All persons not wishing to self-identify race/ethnicity.

***Important:** If you check the "Two or more races" box, please also check ALL boxes that identify your race/ethnicity. For example, if you identify yourself as Asian and Black, you would check 3 boxes—one for Black, one for Asian, and one for Two or more races.

III. Voluntary Self-Identification as a Protected Veteran—Please Complete

Veteran Status*-- Please check all boxes below that apply. Identification of veteran status is essential for our Affirmative Action data collection and reporting required by law. If you choose to identify your veteran status, the information will be used for statistical purposes only; it will not affect in any way your employment with NRDCI.

Veteran Status*	**Definitions**
☐ Protected Veteran	I am a protected veteran as defined below.
☐ Not applicable	I am not a veteran.
☐ Do not wish to identify	All persons not wishing to self-identify veteran status.

Protected Veteran Status	**Definitions**
☐ Disabled Veteran	"Disabled Veteran" means (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.
☐ Active Duty Wartime or Campaign Badge Veteran	"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.
☐ Recently Separated Veteran Separation Date: _____	"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.
☐ Armed Forces Service Medal Veteran	"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 an United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

*According to 41 CFR 60-250.42, there are only two circumstances under which a prospective employer may ask job applicants who are Special Disabled Veterans to self-identify before an offer of employment is made: 1) the invitation is made when the contractor is actually undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans.

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.

Do you have a disability for which you need accommodation? ☐ Yes ☐ No

Note: Disclosure will not necessarily disqualify you for a job.

IV. Voluntary Self-Identification of Disability—Please Complete

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: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a 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 don't have a disability.
- ☐ I don't wish to answer.

_____ _____
Your Name Today's Date

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 alternative format, using a sign language interpreter, or using specialized equipment.

[1]Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal opportunity 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.
PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such a collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

You may save and email the completed application to **lucindab@nrdci.com** or you may print and fax to **(505) 726-0159**.

Email Driver Application (a new email window will open)

If emailed, please call **(505) 726-9053** to confirm your application was received before closing the application.