



Native Resource Development Company, Inc. (NRDCI) 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: _____

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 consideration. Do not leave spaces blank – enter N/A in any space for which you have no information.

Position applying for and Location: _____

Date you can start work: _____ Desired Salary/Hourly Wage: _____

How did you hear about this position? _____

Apart from absences for religious observance, when are you available to work?

Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening <input type="checkbox"/> Yes <input type="checkbox"/> No	On Call <input type="checkbox"/> Yes <input type="checkbox"/> No	Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Early A.M. <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	On Short Notice <input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Days <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address: _____
(Street) (City, State, & Zip Code)

Mailing Address: _____
(Street) (City, State, & Zip Code)

Telephone: () _____ Alternate Telephone: () _____

Email Address: _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.? Yes No

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

DO YOU HAVE A VALID DRIVER'S LICENSE OR IDENTIFICATION CARD? Yes No

ARE YOU OVER THE AGE OF 18? Yes No

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

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THIS COMPANY? Yes No

If yes, give dates of employment, position title, location and supervisor's name while employed: _____

DO YOU HAVE RELATIVES OR FRIENDS CURRENTLY EMPLOYED BY THIS COMPANY? Yes No

If yes, who and where? _____

******* 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 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?

YES NO If "No", highest grade completed: _____

DID YOU GRADUATE FROM A COLLEGE/UNIVERSITY, GRADUATE SCHOOL, OR TRADE SCHOOL?

YES NO If "Yes", provide name of school(s): _____

WHAT CERTIFICATE(S) OR DEGREE DID YOU EARN? _____

HAVE YOU COMPLETED ANY SPECIAL COURSES, SEMINARS, AND/OR TRAINING DIRECTLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING?

YES NO If "Yes", please describe: _____

LIST ANY PROFESSIONAL LICENSES, CERTIFICATIONS, AND PROFESSIONAL MEMBERSHIPS YOU MAY HAVE: _____

COMPUTER & SOFTWARE SKILLS: (Mark all that apply) MS Word MS Excel MS PowerPoint

E-Mail iPhone Android POS System Other: _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

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

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. 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.

Employer Name	Job Title	From	To
Company Address		Telephone	
Immediate Supervisor	Starting Pay	Ending Pay	
Job Duties			
Reason For Leaving			
Employer Name	Job Title	From	To
Company Address		Telephone	
Immediate Supervisor	Starting Pay	Ending Pay	
Job Duties			
Reason For Leaving			

Employer Name	Job Title	From	To
Company Address		Telephone	
Immediate Supervisor	Starting Pay	Ending Pay	
Job Duties			
Reason For Leaving			

Employer Name	Job Title	From	To
Company Address		Telephone	
Immediate Supervisor	Starting Pay	Ending Pay	
Job Duties			
Reason For Leaving			

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: _____

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: _____

REFERENCES

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

Name	Address	Phone Number	Years Acquainted	Nature of Relationship

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.

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

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 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 required to complete a new application.

_____ By signing below, I affirm that I have read, understand, 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 the Company.

Applicant's Signature

Date

Print Name

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

AFFIRMATIVE ACTION: APPLICANT VALUNTARY SELF IDENTIFICATION FORM

Native Resource Development Company, Inc. (NRDCI) 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, sexual orientation, 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/Ethnicity Category	Definition of Category
<input type="checkbox"/> 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	
<input type="checkbox"/> Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> Asian	A person having origins on 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.
<input type="checkbox"/> 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 maintains tribal affiliation or community attachment.
<input type="checkbox"/> Two or more races (NOT Hispanic or Latino)*	All persons who identify with more than one of the above five races.
<input type="checkbox"/> 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 will 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

We are a Government contractor subject to the Vietnam Era. Veteran’s Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2022, 38 U.S.C. 4212 (VEVRRRA), 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 below:

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 below, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRRRA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRRRA.

Veteran Status	Definitions
<input type="checkbox"/> Protected Veteran	I am a protected veteran as defined below
<input type="checkbox"/> Not applicable	I am not a veteran
<input type="checkbox"/> Do not wish to identify	All persons not wishing to self-identify veteran status

Protected Veteran Status	Definitions
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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 in the U.S. military, ground, naval, or air service.
<input type="checkbox"/> 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 a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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.

Do you have a disability for which you need accommodations? Yes No

Your Name

Date

IV. Voluntary Self-Identification of Disability – Please complete

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 application 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 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 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 not limited to:*

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Deaf or hard of hearing • Depression or anxiety • Diabetes • Epilepsy • Gastrointestinal disorders, for example, Crohn’s Disease, or irritable bowel syndrome • Intellectual disability 	<ul style="list-style-type: none"> • Missing limbs or partial 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
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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.

Your Name

Date

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodations 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 accommodations 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.