

# APPLICATION FOR EMPLOYMENT

FILL OUT COMPLETELY USING INK – PLEASE PRINT  
(Please let us know if you need assistance in completing this application.)

POSITION APPLIED FOR:				DATE:	
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS:		CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER: (     )

## EDUCATION / TRAINING

NAME OF SCHOOL (Including Apprenticeships and Specialized Training)	CITY & STATE	MAJOR	DEGREE
HIGH SCHOOL:			
COLLEGE:			
OTHER:			
OTHER:			

## EMPLOYMENT EXPERIENCE

START WITH YOUR CURRENT OR YOUR MOST RECENT JOB. COMPLETE JOB HISTORY FOR AT LEAST THE LAST THREE EMPLOYERS. INCLUDE MILITARY DUTY AND VOLUNTEER ACTIVITIES. ACCOUNT FOR ALL GAPS IN EMPLOYMENT. IF MORE SPACE IS REQUIRED, USE ADDITIONAL PAPER.  
*You may exclude experiences which reveal age, ancestry, disability, national origin, race, religion, sex or other protected status.*

<b>CURRENT EMPLOYER:</b>		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
JOB TITLE:		SALARY INFORMATION	
SUPERVISOR:		BEGINNING:	ENDING:
WORK PERFORMED:		PHONE:	
		REASON FOR LEAVING:	
<b>PREVIOUS EMPLOYER:</b>		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
JOB TITLE:		SALARY INFORMATION	
SUPERVISOR:		BEGINNING:	ENDING:
WORK PERFORMED:		PHONE:	
		REASON FOR LEAVING:	
<b>PREVIOUS EMPLOYER:</b>		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
JOB TITLE:		SALARY INFORMATION	
SUPERVISOR:		BEGINNING:	ENDING:
WORK PERFORMED:		PHONE:	
		REASON FOR LEAVING:	
<b>PREVIOUS EMPLOYER:</b>		DATES EMPLOYED	
ADDRESS:		FROM:	TO:
JOB TITLE:		SALARY INFORMATION	
SUPERVISOR:		BEGINNING:	ENDING:
WORK PERFORMED:		PHONE:	
		REASON FOR LEAVING:	

The Company is an Equal Opportunity Employer and has adopted an Affirmative Action Program to provide equal employment opportunity in all personnel activities without regard to race, religion, color, sex, age, disability, national origin or status as disabled veteran or veteran of the Vietnam Era. The Company provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

OTHER COMMENTS/INFORMATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER:  
 Yes  No

HAVE YOU BEEN EMPLOYED BY US IN THE PAST?  Yes  No  
*If Yes, Provide Dates & Location:*

THESE QUESTIONS ARE ASKED IN ORDER FOR THE COMPANY TO COMPLY WITH THE FEDERAL REGULATIONS REGARDING EMPLOYMENT OF PERSONS ASSOCIATED WITH ITS INDEPENDENT AUDITORS (17 C.F.R. § 210.2-01) AND WILL BE USED ONLY FOR THAT PURPOSE.

Have you ever been employed by Deloitte & Touche LLP?  Yes  No

If yes, do you have a continuing financial interest in Deloitte & Touche LLP?  Yes  No

Do you have a spouse, spousal equivalent, parent, child, brother, or sister who works for the accounting firm of Deloitte & Touche LLP?  Yes  No

If the answer to the preceding question is yes, please answer the following questions:

- What does this family member do for Deloitte & Touche LLP? \_\_\_\_\_
- Is this family member employed at the Minneapolis, Minnesota office of Deloitte & Touche LLP?  Yes  No
- Does this family member do any work for Deloitte & Touche LLP that involves MDU Resources Group, Inc. or any of its affiliates?  Yes  No

### PROFESSIONAL REFERENCES

(OTHER INDIVIDUALS WHO CAN ATTEST TO YOUR KNOWLEDGE, ABILITIES, CHARACTER, AND PERSONALITY)

	NAME	ADDRESS	RELATIONSHIP	TELEPHONE NO.
1				( )
2				( )
3				( )

### PROOF OF ELIGIBILITY TO WORK

I ACKNOWLEDGE THAT EMPLOYMENT IS CONTINGENT UPON BEING ABLE TO PROVE MY ABILITY TO LEGALLY WORK IN THE UNITED STATES.

### APPLICANT'S STATEMENT

THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A MISREPRESENTATION OR OMISSION BY ME ON THIS APPLICATION OR DURING THE INTERVIEW PROCESS WILL BE CAUSE FOR CANCELLATION OF THE APPLICATION OR DISMISSAL, IF EMPLOYED.

I AUTHORIZE THE COMPANY TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE AND REQUEST THAT ALL OF MY PRESENT AND FORMER EMPLOYERS AND THOSE INDIVIDUALS I HAVE LISTED AS PERSONAL REFERENCES FURNISH INFORMATION ABOUT MY EMPLOYMENT RECORD, INCLUDING A STATEMENT OF THE REASON FOR THE TERMINATION OF MY EMPLOYMENT, WORK PERFORMANCE, ABILITIES, AND OTHER QUALITIES PERTINENT TO MY QUALIFICATIONS FOR EMPLOYMENT, HEREBY RELEASING THEM FROM ANY AND ALL LIABILITY FOR DAMAGES ARISING FROM FURNISHING THE REQUESTED INFORMATION.

I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER AS THEY NOW EXIST AND AS THEY ARE AMENDED FROM TIME TO TIME AT THE COMPANY'S SOLE OPTION. ANY OFFER I RECEIVE FROM THE COMPANY IS CONTINGENT UPON MY SUCCESSFUL COMPLETION OF THE COMPANY'S TOTAL PRE-EMPLOYMENT SCREENING PROCESS. I ACKNOWLEDGE THAT FOR CERTAIN JOBS I MAY BE REQUIRED TO SUBMIT TO PRE-EMPLOYMENT DRUG TESTING AND/OR TO TAKE A PHYSICAL. COMPLIANCE IS A REQUISITE FOR EMPLOYMENT.

I UNDERSTAND THAT I WILL NOT HAVE A CONTRACT OF EMPLOYMENT BETWEEN MYSELF AND THE COMPANY, FOR ANY SPECIFIED PERIOD OF TIME. I ALSO UNDERSTAND THAT SUBJECT TO APPLICABLE LAWS, THE EMPLOYMENT RELATIONSHIP IS AN "AT WILL" RELATIONSHIP. AS SUCH, IT MAY BE TERMINATED BY MYSELF, OR BY THE COMPANY, AT ANY TIME, FOR ANY REASON AND WITH OR WITHOUT NOTICE. THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

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

As an Equal Opportunity Employer, the Company is required by law to keep certain records to aid in monitoring its affirmative action program. The Company would like you to provide the information below. Submission of this information is *voluntary* and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that government officials investigating compliance may be informed.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>TELEPHONE NUMBER:</b>  (    )
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
		<b>SEX:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
<b>ETHNIC BACKGROUND: (Check One)</b> <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islanders <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black	Are you a Veteran of the Vietnam Era or any other Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HOW WERE YOU REFERRED TO US:</b> <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Service <input type="checkbox"/> On My Own <input type="checkbox"/> Company Employee <input type="checkbox"/> School Placement Office <input type="checkbox"/> Private Placement Firm <input type="checkbox"/> Other: (Name of Referral Source) _____	
<b>DATE OF APPLICATION:</b>  _____	<b>JOB APPLYING FOR:</b>  _____	<b>SIGNATURE OF APPLICANT:</b>  _____	
Month            Day            Year	<i>An Equal Opportunity Employer (Confidential Information - Return to Human Resources Dept.)</i>		20565(7-04)