

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Telephone () _____
	City, State, Zip _____			Cell () _____
	Have you ever been interviewed for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired _____			Will you work weekends if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, computer operation, office equipment.) _____			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	What Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a valid Driver's License? _____ Yes _____ No
 State _____ Class _____

EMPLOYMENT HISTORY

List entire history. Use another sheet if necessary.

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe your Work	Weekly Pay Start Last Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe your Work	Weekly Pay Start Last Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe your Work	Weekly Pay Start Last Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State Job Title and Describe your Work	Weekly Pay Start Last Reason for Leaving

* Use another sheet if necessary for Additional Employment History

MILITARY

Have you served in the U.S. Armed Forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

Dates of Service From: To:

Reason for Leaving:

EQUIPMENT OPERATING EXPERIENCE (LAST 7 YEARS ONLY)

Note: only complete this section if you are applying for a skilled utility position.

CATEGORY I HEAVY EQUIPMENT (200+ HORSEPOWER)

	Hours Operated	Year	Employer & Address
Scraper	_____ Hrs.	_____	_____
Dozer	_____ Hrs.	_____	_____
Blade	_____ Hrs.	_____	_____
Wheel Loader	_____ Hrs.	_____	_____
Other	_____ Hrs.	_____	_____

CATEGORY II MEDIUM EQUIPMENT (UNDER 200 hp)

	Hours Operated	Year	Employer & Address
Oil Drilling Rig	_____ Hrs.	_____	_____
Dozer	_____ Hrs.	_____	_____
Backhoe	_____ Hrs.	_____	_____
Wheel Loader	_____ Hrs.	_____	_____
Other	_____ Hrs.	_____	_____

CATEGORY III FARM EQUIPMENT

	Hours Operated	Year	Employer & Address
Over-the-road Truck	_____ Hrs.	_____	_____
Tractor	_____ Hrs.	_____	_____
Tractor-Loader	_____ Hrs.	_____	_____
Combine	_____ Hrs.	_____	_____
Truck	_____ Hrs.	_____	_____
Other	_____ Hrs.	_____	_____

OTHER INFORMATION ABOUT YOUR SKILLS

Certified Yes/No

Welding	_____	_____
Mechanic	_____	_____
Diesel Mechanic	_____	_____
MSHA	_____	_____
Other	_____	_____

SPECIAL SKILLS AND LICENSES HELD

Four horizontal lines for text entry.

ANY OTHER INFORMATION YOU'D LIKE US TO KNOW ABOUT?

Four horizontal lines for text entry.

REFERENCES

Names of three persons who have known you well, preferably from a work environment such as co-workers, peers, and customers, who can be contacted.

Name

Business Name or Profession

Street Address, City, State, Zip Code and Phone Number

Three horizontal lines for text entry.

IMPORTANT: READ BEFORE SIGNING

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered cause for refusal of or separation from employment. I authorize investigation of all statements and matters contained in this application which BNI Coal, Ltd. may deem relevant to my employment. I authorize all my previous employers or other persons having information concerning me or my record to report such information to BNI Coal, Ltd. I release BNI Coal, Ltd. and any person providing information to BNI Coal, Ltd. from all claims or liabilities whatsoever in connection with making such investigation or making such disclosures.

I agree to have a medical examination which includes a test for illegal drugs at BNI Coal, Ltd. expense by a doctor designated by BNI Coal, Ltd. prior to final acceptance of employment, and at subsequent intervals as the employer may direct, it being understood that such medical examinations are to determine my physical fitness for employment or continued employment in the event I am employed. I further understand that, if employed, the Company may bond me at their expense for any amount deemed necessary.

I understand that BNI Coal, Ltd. makes no promise or agreement to employ me for a certain period of time. If I am employed, BNI Coal, Ltd. may terminate my employment at any time with or without cause, for any lawful reason. Also, any BNI Coal, Ltd. employee is free to terminate his or her employment at any time.

Date _____ Signature of Applicant _____



P.O. BOX 897
BISMARCK, ND 58502

**AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER**

AFFIRMATIVE ACTION SELF-IDENTIFICATION

COMPLETION OF THIS FORM IS VOLUNTARY

The information requested on this form will be used for government reporting and will be kept separate from your file. It will not be used to determine eligibility for employment.

NAME	Last	First	Middle Initial	Date
POSITION FOR WHICH YOU APPLIED				
DATE OF BIRTH			SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	

RACE AND NATIONAL ORIGIN

- White (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.
- Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islanders. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands This area includes, for example China, Japan, Korea, the Philippine Islands, and Samoa.

HANDICAP STATUS

Under the Rehabilitation Act of 1973, a handicapped person is defined as one who:

- a) has a physical or mental impairment substantially limiting at least one of the major life activities,
- b) has a record of such physical or mental impairment, or
- c) is regarded as having such physical or mental impairment.

For purposes of the definition, "substantially limiting" occurs when an individual is likely to experience difficulty in securing, retaining, or advancing in employment.

A major life activity includes functions such as caring for one's self, performing manual tasks, socializing, walking, communicating, seeing, breathing, learning, and working. Primary attention is given to those life activities that affect employability.

- I consider myself to be a handicapped person.

VETERAN STATUS

- The Vietnam Era Veteran (August 5, 1964 to May 7, 1975)
- Disabled Veteran