



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:	COMPANY:	DATE:
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LAST NAME:	FIRST NAME:	MIDDLE NAME:
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ADDRESS:	CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER: ()
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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.

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

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE CONTINUE – OVER

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:

HAVE YOU BEEN CONVICTED OF ANY CRIME, OTHER THAN MINOR TRAFFIC VIOLATIONS, IN THE PAST 7 YEARS? Yes No
 DO YOU CURRENTLY HAVE ANY CHARGES PENDING AGAINST YOU? Yes No
 (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES
 IN ACCORDANCE WITH APPLICABLE LAW. DO NOT DISCLOSE CONVICTIONS THAT HAVE BEEN EXPUNGED OR JUDICIALLY SEALED.)
 IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN COMPLETELY:

THESE QUESTIONS ARE ASKED IN ORDER FOR THE COMPANY TO COMPLY WITH THE FEDERAL REGULATIONS REGARDING EMPLOYMENT
 OF PERSONS ASSOCIATED WITH THEIR 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 LAW, THE EMPLOYMENT RELATIONSHIP CAN BE TERMINATED BY MYSELF, OR
 BY THE COMPANY, AT ANY TIME, FOR ANY REASON, 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