Voluntary Self-Identification Form for Job Applicants

Northern Valley Industries, Inc. is an Equal Opportunity Employer. We are a company that values diversity. As required by law, we must record certain information for Affirmative Action purposes. Completion of this form is **voluntary** but we hope that you will choose to fill it out. The information you give will be kept private and this form will be kept separate from your job application. Refusal to provide this information will have no bearing on your application for employment and will not be used against you in any way. Thank you!

Date:		
Name:	Position app	lying for:
Gender (Please check one of the op Male Fe	tions below) emale I do not wish to answ	ver.
Race/Ethnicity (Please check one	of the options below corresponding to the	ethnic group with which you identify.)
Hispanic or Latino A person of Cuban, Mexican, Pue	erto Rican, South or Central American, or o	ther Spanish culture or origin regardless of race
White (Not Hispanic or Latino A person having origins in any of	the original peoples of Europe, the Middle	East, or North Africa
Black or African American (N A person having origins in any of		
	ific Islander (Not Hispanic of Latino) The original peoples of Hawaii, Guam, San	noa, or other Pacific Islands
Asian (Not Hispanic or Latino A person having origins in any of example, Cambodia, China, India	the original peoples of the Far East, South Japan, Korea, Malaysia, Pakistan, the Phil	east Asia, or the Indian Subcontinent including, for lippine Islands, Thailand, and Vietnam
American Indian or Alaska Na A person having origins in any of tribal affiliation or community att	the original peoples of North and South A	merica (including Central America) and who maintains
Two or More Races (Not Hisp All persons who identify with mo	panic or Latino) ore than one of the above five races	
I do not wish to answer.		
Disability		
You are considered to have a disabili limits a major life activity, or if you l include, but are not limited to:	ity if you have a physical or mental imphave a history or record of such an imp	pairment or medical condition that substantially airment or medical condition. Disabilities
Blindness Autism Deafness Cerebral Palsy Cancer HIV/AIDS Diabetes Schizophrenia Epilepsy Muscular Dystrophy	Bipolar Disorder Major Depression Multiple Sclerosis Missing or Partially Missing Limbs Impairments Requiring the Use of a Whe	Post-Traumatic Stress Disorder Obsessive Compulsive Disorder Intellectual Disability elchair
(Please check one of the boxes below.)		
Yes, I have a disability (or pre No, I do not have a disability. I do not wish to answer.		

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

Veteran Status

Veteran of the Vietnam-Era	Means a person who: (1) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in all other cases; or (2) was discharged or released from active duty in the U.S. military, ground, navel, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in any other location.
Special 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, of (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (2) a person who was discharged or released from active duty because of a service-connected disability.
Other Protected Veteran	Includes any veteran who served on active duty in the U.S. military, ground, naval, or air service in a war, campaign, or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.
Recently Separated Veteran	Any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
Armed Forces Service Medal Veterans	Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

f you believe you belong to any of the categories of protected veterans listed above, please indicate by chappropriate box below.	ecking the
I identify as one or more of the classifications of protected veterans listed above.	
I am not a protected veteran.	
I do not wish to answer.	

Thank you for your participation!

Northern Valley Industries, Inc. 5404 Sherman Street

5404 Sherman Street Wausau, WI 54401 715-845-7316 Fax 715-845-7318

Application for Employment

Name: Last	First	Middle	
Address:			
Home Phone Number:		Number:	
E-Mail Address:			
re you legally entitled to work in the United	States? Yes No		
osition Applying For:		Date Available:	
ducation (Start with your current or m	ost recent schooling.)		
Name of School	City & State	Number of Years Attended	Diploma or Degree If Degree, List Majo
mployment History (Start with yo	our current or most recent employme	nt.)	
*			umber:
8		Phone N	
Name of Employer:	City:	Phone N	
Name of Employer:	City: Start Date:	Phone N Stat	e: Zip:
Name of Employer: Address: Job Title:	City: Start Date:	Phone N Stat	e: Zip:
Name of Employer: Address: Job Title: Job Duties: Reason for Leaving:	City: Start Date:	Phone N Stat Supervisor:	e: Zip:
Name of Employer: Address: Job Title: Job Duties: Reason for Leaving:	City: Start Date:	Phone N Stat Supervisor: Phone N	e: Zip: and Date: umber:
Name of Employer: Address: Job Title: Job Duties: Reason for Leaving: Name of Employer:	City: Start Date: City:	Phone N Stat Supervisor: Phone N Stat	e: Zip: and Date: umber:
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Name of Employer: Address: Job Title: Job Duties: Reason for Leaving: Name of Employer: Address:	City: City: City: City: Start Date:	Phone N Stat Supervisor: Phone N Supervisor: Supervisor:	e: Zip: and Date: umber: e: Zip:
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Address: Job Title: Job Duties: Reason for Leaving: Name of Employer: Address: Job Title: Job Duties: Reason for Leaving: Name of Employer: Address:	City: Start Date: City: City: Start Date:	Phone N Stat Supervisor: Phone N Stat Stat Supervisor: Phone N Stat Phone N Stat Phone N Stat	e: Zip: umber: e: Zip: umber: umber: umber: umber: umber:

Employment History (Continued) 4. Name of Employer: Phone Number: City: State: Zip: Job Title: _____ Start Date: ____ End Date: ____ Job Duties: Reason for Leaving: _____ Supervisor: (Attach a sheet or use the back of this page for additional employers.) References (Do not include relatives.) 1. Reference Name: Phone Number: Address: _____ City: ____ State: ____ Zip: ____ Relationship to You: _____ E-Mail Address: ____ 2. Reference Name: Phone Number: Relationship to You: _____ E-Mail Address: ____ 3. Reference Name: Phone Number: City: State: Zip: Relationship to You: _____ E-Mail Address: ____ Performance of Job Functions Are you able to perform the essential functions of the job for which you are applying? Yes No Any Additional Comments

Verification

I verify that the statements I have made in this application for employment are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. I further acknowledge that if hired, I will be an at-will employee.

Signature of Applicant: _____ Date: ____

Thank you for your interest in Northern Valley Industries, Inc.

Northern Valley Industries, Inc.

5404 Sherman Street Wausau, WI 54401 715-845-7316 Fax 715-845-7318

Authorization

(Printed Name of Applicant)	, authorize Northern Valley Industries, Inc. to obtain
information about me from my pro	evious employers, schools, and references. I authorize my previous
employers, schools that I have atte	ended, and my references to disclose to Northern Valley Industries, Inc
such information about me as Nor	thern Valley Industries, Inc. may request.
	Date:

Thank you!