

ATTENTION!

PLEASE COMPLETE THE EMPLOYMENT
APPLICATION IN ITS ENTIRETY.

INCOMPLETE APPLICATIONS WILL BE PLACED ON
THE BOTTOM OF THE APPLICATION PILE.



(An Equal Opportunity Employer)

Please review the entire application before you begin. Legibility, accuracy, organization and completeness are important.

Name:

Last Name

First Name

Middle Initial

Address:

Street

City

State

Zip

Contact Information:

Email:

Home Telephone

Job Applied For: _____

Today's Date: _____

Are You Seeking: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ or Summer Employment?

How soon are you available for employment? _____

What shifts are you available to work? ☐ Day ☐ Swing

How did you hear about us? ☐ Company Website ☐ State Employment Office ☐ Craigslist

☐ Facebook ☐ Outreach Recruiting ☐ Walk In ☐ Referred by _____ ☐ Other _____

Education

Please list any education you completed that you believe qualifies you for the job for which you are applying. Provide names of schools, cities and states.

Training

Have you completed any training or classes relevant to the job for which you are applying? (Examples: On-the-job safety training, military training, production training, etc.) Be specific.

Special Skills	Do you have any special skills or experiences that are relevant to the job for which you are applying? (Examples: Experience operating plant or office machines, computer skills, experience in warehouse jobs, skills in maintaining or repairing office or plant machines, etc.) Be specific.
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Experience and Activities	We want employees to advance. Describe any job experience, school or other activities that demonstrate your desire and ability to advance or learn new skills.
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Have you ever worked for this company before? ☐ Yes ☐ No If yes, when? _____

In what job position(s)? _____

Work Experience			Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.	
Employer:	Name of Last Supervisor	Employment Dates		
Address:		From To		
Phone:	Your Last Job Title			
Reason for Leaving				
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.				

Employer:	Name of Last Supervisor	Employment Dates
Address:		From To
Phone:	Your Last Job Title	
Reason for Leaving		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		
Employer:	Name of Last Supervisor	Employment Dates
Address:		From To
Phone:	Your Last Job Title	
Reason for Leaving		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		
Employer:	Name of Last Supervisor	Employment Dates
Address:		From To
Phone:	Your Last Job Title	
Reason for Leaving		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		

References

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name	Address	Telephone	Occupation
		()	
		()	
		()	

May we contact your present employer? ☐ Yes ☐ No, because (Please state reason)

Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the Company will verify the accuracy and completeness of the information I have provided and I authorize all entities and individuals identified or discovered during the Company's hiring process to provide information regarding my employment, education, character and qualifications. I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the Company. I understand that if I am employed, I must conform to the Company's rules, policies and procedures and that my employment is "at will," which means that the Company or I may terminate my employment at any time for any reason.

Applicant's Signature

Date

"This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, gender identity, sexual orientation, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability."

North River Boats is an EEO and Drug Free Employer.

"All qualified applicants will receive consideration for employment without regard to race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, or disability."

IMPORTANT NOTICE

Please be aware that our company intends to investigate your background for employment purposes. As required by the federal **Fair Credit Reporting Act (FCRA)**, as amended, this notice is to inform you that we plan to request one or more “consumer reports.” A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency bearing on an individual’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. For example, some of the information in a consumer report might include information such as driving records, criminal and civil history or employment history.

Depending on the nature of the investigation, we may need to obtain medical information about you from your health care provider. If so, you will be asked to authorize the release of your medical information on a separate authorization form.

If you become or are already employed by our company, then this notice and authorization will be kept on file throughout your employment, in case the company needs to request additional consumer reports.

IMPORTANT AUTHORIZATION

I authorize North River Boats to obtain one or more consumer reports on me for employment purposes under the Fair Credit Reporting Act. I understand that if I am hired or if I am already employed by the company, then this written authorization will be valid throughout my employment.

If I wish to rescind this authorization in the future, I will notify Human Resources in writing. I understand that rescinding this authorization will only stop future requests for consumer reports-in other words, it will not affect requests for a consumer report that the company has already made. I understand that if I have any questions or concerns about the company’s request for consumer reports, I may talk with Human Resources.

Signed: _____ Date: _____

Applicant Consent to Drug and Alcohol Testing

In consideration for my being considered for employment by North River Boats, I hereby give my consent to and authorize Evergreen Family Medicine/OccuHealth to perform a urinalysis test for the purpose of detecting the presence of drugs or alcohol in my system as a condition of an offer of employment. I understand that this includes all federally illegal drugs.

I understand I must also authorize in writing the release of my test results to North River Boats (including information obtained in the course of the testing process) for the purpose of and to the extent necessary to determine my eligibility for employment. I understand that if I refuse to authorize the release of the test results, I will be deemed to have refused to test and to have withdrawn my application for employment. To the extent allowed under state and federal law, I release and agree to hold harmless North River Boats from any liability for the testing process or use of the test results.

If I have a valid medical reason for a positive drug test, I understand that I may voluntarily provide information to the collection site personnel, laboratory personnel or medical review officer (for example, the names of authorized prescription drugs I am taking) to justify the positive test. I understand that the laboratory personnel or medical review officer has complete discretion to determine whether my medical reason is valid.

My refusal to sign this consent and release form will act as a withdrawal of my application for employment. I understand that, if offered a position and my pre-employment drug test is confirmed positive, the job offer will be rescinded.

I understand that I will be permanently barred from future employment with North River Boats if I tamper with or adulterate my sample.

This consent is valid for the duration of my employment unless I revoke it in writing. A copy of this consent form shall be valid as an original. I acknowledge I may request a copy.

Applicant's Name (Please Print)

Parent/Legal Guardian Name (if applicant is a minor)

Applicant's Signature

Parent Signature (if applicant is a minor)

Date

Date

Pre-Offer Form—Invitation to Self-Identify (For Federal Contractors)

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to track our employment of protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate boxes below and return to [job title and address of company representative] as soon as possible. Thank you!

Print name: _____ Job applied for: _____

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Hispanic or Latino?	<input type="checkbox"/> Yes. Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question. <input type="checkbox"/> No. Continue to the next question.
What is your race?	<input type="checkbox"/> White alone: 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 alone: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian and Other Pacific Islander alone: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Asian alone: A person having origins in 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 and Alaska Native alone: 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"/> Balance of Not Hispanic or Latino (Two or More Races): All persons who identify with two or more races or some other race alone.
Are you a protected veteran?	<input type="checkbox"/> Yes. Includes: Disabled veteran (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), Active duty wartime or campaign badge veteran (veteran who served on active duty in the U.S. military, ground, naval or air service during a <i>period of war</i> [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] <i>or in a campaign or expedition</i> for which a campaign badge has been authorized under the laws administered by the Department of Defense), Armed Forces Service Medal veteran (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or Recently separated veteran (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service). <input type="checkbox"/> No.
Sign here	Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Page 1 of 1

Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes. For example:

Job Title: _____

Date of Hire: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use OnlyEmployer's name NW Bend Boats, LLC Telephone no. 541-673-2438 EIN ► 90-0873560Street address 1750 Green Siding RdCity or town, state, and ZIP code Roseburg, OR 97471Person to contact, if different from above Jordan Acree Telephone no. 541-673-2438Street address 1750 Green Siding RdCity or town, state, and ZIP code Roseburg, OR 97471If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title** Staff Accountant**Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 24 min.

**Preparing and sending this form
to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.