



sabin METAL West CORPORATION

15 12th Avenue East • Williston, ND 58801

(701) 572-6828

Refiners of Precious Metals
Gold • Silver • Platinum • Palladium • Rhodium

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of non-related medical condition or handicap, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the personnel department.

Date: _____

Name in Full : _____

(Please Print Name)

Present Address: _____

Phone: _____

City: _____ State: _____ County: _____ Zip: _____

Type of work desired: _____ Wage expected: _____

Previously Employed Here? _____ From: _____ To: _____ Department: _____

Any relatives working at Sabin? _____ Name: _____ Relationship: _____

Any Friends working at Sabin? _____ Name: _____ Relationship: _____

Education	Name & Location of School	No. of Years Attended	Course of Study	Did you Graduate?	Degree (s) Held
Elementary					
High School					
College					
Other					

Have you served an apprenticeship? How long? Trade?

Where serve? When served?

Mechanical and /or Technical Experience:

Do you have any special qualifications or experience?

Have you ever served in the Armed Forces of the United States?

State Rank and Branch of Service: Date of Discharge:

AN EQUAL OPPORTUNITY EMPLOYER

FORMER EMPLOYERS: List below all previous employers beginning with your most recent employer.

- If you are now working, present employer and reason for seeking a new position must be included.
- Also, give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

Name & Address of Employer	Name of Supervisor	Work Performed	Dates Employed From To		Reason for Leaving

May we contact the employers listed above? ☐

If not, indicate which one you do not wish us to contact: ☐

I agree to wear or use such protective equipment as required by the Company and comply with the safety rules.

Yes: ☐

No: ☐

Do you agree to read and familiarize yourself with the Employee Handbook, if applicable, you will receive if hired?

Yes: ☐

No: ☐

NOTE: IT IS UNDERSTOOD THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Sabin Metal is an Equal Opportunity Employer. Sabin Metal does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, State or Federal Law.

I understand that just as I am free to resign at any time, Sabin Metal reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Sabin has the authority to make any assurances to the contrary.

I understand it is the Company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Applicant Signature:

DO NOT WRITE BELOW THIS LINE

INTERVIEW? (Yes or no) _____ Date: _____ Time: _____

Result of interview: _____

Acceptable for Employment? _____ Starting Rate: _____ Starting Date: _____

Interviewed by: _____ Shift: _____ Date of Birth: _____

Approved by: _____ Dept. Number: _____ EEO Cat: _____

Employed by: _____



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Dear Applicant:

To help the Human Resources department to evaluate and adapt our employment recruitment strategies, we ask you to please complete the following information:

DATE: _____

APPLICANT NAME: _____

How did you hear about our current job openings? (Please check all that apply)

- ☐ Newspaper publications
- ☐ Job Fair
- ☐ Department of Labor
- ☐ Internet
- ☐ Sabin Metal Referral
Name of this employee: _____
- ☐ Other _____

Thank you for your assistance.



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In consideration for employment with Sabin Metal Corporation, I understand and agree that I may, at any time prior to and during employment, be required to submit to drug tests at the request of Sabin Metal Corporation.

If I am employed by Sabin Metal Corporation, physical examinations may be required during my employment.

I authorize the release both verbally and in writing, of all medical test results and information which may be required as a condition of employment with Sabin Metal Corporation, to the Occupational Medicine Program at Strong Memorial Hospital, and to Sabin Metal's Medical Review Officer.

DATE _____ SIGNATURE _____



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Consumer Notification Disclosure

Consumer Reports

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer-reporting agency, other agency or directly by Sabin Metal Corporation for the permissible purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, criminal record, motor vehicle record, safety record, character, general reputation, personal characteristics or mode of living from public or private record sources, or through personal interviews with your neighbors, friends or associates.

SABIN METAL CORPORATION

James A. Barrett
General Manager



Voluntary Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name: _____ Date: _____

Position Applied For: _____ Search Number: _____

Referred by: _____

Gender

- ☐ Female
- ☐ Male

Race

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Two or More Race (Not Hispanic or Latino)

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- ☐ I identify as one of more of the classifications of protected veteran listed below.
- ☐ I am not a Protected Veteran
- ☐ I choose not to provide this information

Protected Veterans are defined by the government as follows:

Disabled Veteran is: (1) a veteran of the U.S. military, ground, naval or air service entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (2) a person discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, group, naval or air service.

Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Services Medal Veteran means veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other 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 (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Native Alaskan (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races