



<b>Education</b>	High School:	City, State:	Number of years completed:	Graduated with diploma or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
	College:	City, State:	Number of years completed:	Graduated? Degree/Major: <input type="checkbox"/> Yes <input type="checkbox"/> No
		City, State:	Number of years completed:	Graduated? Degree/Major: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other School attended:	City, State:	Number of years completed:	Graduated? Degree/Major: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Instructions:**

List most recent position first. Include periods of time for the past ten (10) years whether employed or unemployed, including volunteer work and active military service. For additional jobs, please attach extra pages.

**May we contact your present employer?**       **No**       **Yes**      **If yes, initial here:**

<b>Employment and Work History</b>	<b>1</b>	Employer:	From (Mo./Yr.):	To (Mo./Yr.):	
		Street Address:	Phone:	Job held:	Salary/Wage: Starting      Last Incentive Target:      Last Award
		City:	State:	Zip:	Major Duties:
		Supervisor/Phone #:			
		Reason for leaving:			
	<b>2</b>	Employer:	From (Mo./Yr.):	To (Mo./Yr.):	
		Street Address:	Phone:	Job held:	Salary/Wage: Starting      Last Incentive Target:      Last Award
		City:	State:	Zip:	Major Duties:
		Supervisor/Phone #:			
		Reason for leaving:			
	<b>3</b>	Employer:	From (Mo./Yr.):	To (Mo./Yr.):	
		Street Address:	Phone:	Job held:	Salary/Wage: Starting      Last Incentive Target:      Last Award
		City:	State:	Zip:	Major Duties:
		Supervisor/Phone #:			
		Reason for leaving:			
	<b>4</b>	Employer:	From (Mo./Yr.):	To (Mo./Yr.):	
		Street Address:	Phone:	Job held:	Salary/Wage: Starting      Last Incentive Target:      Last Award
		City:	State:	Zip:	Major Duties:
		Supervisor/Phone #:			
		Reason for leaving:			

**How did you find out about this position?**

<input type="checkbox"/> Newspaper Ad Paper Name _____	<input type="checkbox"/> Community Agency Agency Name _____	<input type="checkbox"/> Internet Website _____
<input type="checkbox"/> Job Fair Fair Name _____	<input type="checkbox"/> College Recruitment College Name _____	<input type="checkbox"/> Radio/TV Advertisement Station Name _____
<input type="checkbox"/> Community Agency Name _____	<input type="checkbox"/> Temporary Agency/Placement Source Agency Name _____	
<input type="checkbox"/> State Employment Division	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Employee Referral _____	<input type="checkbox"/> Other _____	

## Authorization

By my signature, I certify that the responses given herein are true and complete. I am aware that any misrepresentation, falsification, or omission of content contained in any of the application materials for employment may be cause for disqualification of my application, or for dismissal if discovered after I am hired. I agree to hold NW Natural Gas Storage, LLC and its agents and employees harmless from all liability that could relate in any way to the disclosure of private information and any assessment or opinion of my suitability for employment, which may be provided. I understand and agree that any offer of employment is contingent on satisfactory results from a reference check, a urinalysis or other procedure used to detect the use of illegal drugs, a background check, a medical examination based on the essential functions of the position (where called for due to nature and requirements of the position) and a motor vehicle record check (where called for due to the nature of the position).

I understand that credit history checks may also be called for in limited circumstances, where warranted by the nature of the position. I further understand that employees in safety-sensitive positions or other covered positions are required to comply with additional Drug and Alcohol testing standards under Department of Transportation (DOT) regulations, such as 49 CFR Parts 40, 199 and 382.



## Applicant Data Record

### Invitation to Self Identify

In an effort to comply with government record-keeping and reporting requirements, and consistent with NW Natural Gas Storage, LLC's vision of equal employment opportunity, the Company requests that you voluntarily self-identify by completing and submitting this confidential data survey on gender, ethnicity, veteran, and disability status. This information will be maintained confidentially and retained separately from personnel records. The company will use this information for reporting purposes only. Your submission of this information will not be used in any way that could adversely affect your employment, compensation, promotion, transfer opportunities, or any other condition of employment.

First Name:

Last Name:

Job Title:

Decline to Respond:

Gender: Female

Male

#### Part A: Ethnic Category: Are You:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**If you marked Hispanic or Latino continue to Part C on page 2.**

**If you did not mark Hispanic or Latino continue to Part B.**

#### Part B: Race Category: Are You:

- American Indian or Alaska Native (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.
- 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 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 original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.



## Applicant Data Record

### Part C:

**Have you served in the military?**

Yes  No

### Are You

**A Disabled Veteran?** 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 Secretary of Veteran Affairs; or, a person who was discharged or released from active duty because of a service-connected disability.

Yes  No

**A Recently Separated Veteran?** 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, ground, naval, or air service.

Yes  No

### An Active Wartime or Campaign Badge Veteran?

Any 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.

Yes  No

**An Armed Forces Service Medal Veteran?** Any 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.

Yes  No

### An Other Protected Veteran?

Yes  No

I have read the Applicant Data Record survey, and consistent with that information, understand that submission of this information is voluntary, that the information will be kept confidential, and that refusal to provide the requested information will not subject me to any adverse treatment.

**Signature:**

**Date:**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 6 of 7

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### 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.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.