

◆ EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please provide history for your past four (4) employers and, at a minimum of ten (10) years previously. Explain any gaps in employment in the comments section below. **Please do not write 'see resume.'**

W2s may be required to verify salary info

Most Recent Employer	Telephone	Dates Employed		Starting Rate/Salary
		From	/ /	
		To	/ /	
Address				Final Rate/Salary
Starting Job Title/Final Job Title		Supervisor Name/Title		
Summarize Type of Work				
Reason for leaving				
Next Recent Employer	Telephone	Dates Employed		Starting Rate/Salary
		From	/ /	
		To	/ /	
Address				Final Rate/Salary
Starting Job Title/Final Job Title		Supervisor Name/Title		
Summarize Type of Work				
Reason for leaving				
Employer	Telephone	Dates Employed		Starting Rate/Salary
		From	/ /	
		To	/ /	
Address				Final Rate/Salary
Starting Job Title/Final Job Title		Supervisor Name/Title		
Summarize Type of Work				
Reason for leaving				
Employer	Telephone	Dates Employed		Starting Rate/Salary
		From	/ /	
		To	/ /	
Address				Final Rate/Salary
Starting Job Title/Final Job Title		Supervisor Name/Title		
Summarize Type of Work				
Reason for leaving				

Comments

◆ **REFERENCES** - PLEASE LIST EMPLOYMENT REFERENCES WHO ARE NOT RELATED TO YOU. WE REQUEST 2 SUPERVISOR REFERENCES. PERSONAL REFERENCES ARE NOT NEEDED.

Name	Telephone	Years Known	Relationship

◆ **ADDITIONAL INFORMATION**

Please list any additional knowledge, skills or experience that you have not noted in other parts of the application, but which you feel would help you in this position.

◆ **IMPORTANT** - PLEASE READ AND SIGN BELOW

◆ I certify that the answers given herein, as well as all information provided to the company, are true and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application, appendix, resume or during the interview will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

◆ I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I understand that any employment offer I may receive will be conditional upon satisfactory results of a background check.

◆ The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

◆ This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

◆ If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

◆ I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

◆ I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

◆ **APPENDIX** - PLEASE COMPLETE ONLY IF APPLYING FOR THE ONE OF THE FOLLOWING POSITIONS

PLANT APPLICANTS

Some positions in the plant may require the following. Would you be able to perform these duties in a reasonable and safe manner?

- Lifting objects between 25-50 lbs. daily Yes No
Lifting 50 lbs occasionally Yes No
Stand up for four continuous hours Yes No
Operate power equipment daily Yes No

If you answered "no" to any of the above questions, what accommodations would you need to perform the duties in a reasonable and safe manner?

ADMINISTRATIVE/ (PLANT) OFFICE APPLICANTS

Administrative/office positions may require that you have some or all of the following skills:

- ✓ 1 check for basic knowledge ✓✓ 2 checks for experience

- Microsoft Word Adobe Acrobat
 Microsoft Excel Microsoft Outlook

Please list any other specific programs you have had experience with:

Some administrative/office positions may require the following. Would you be able to perform these duties in a reasonable and safe manner?

- Can you sit for long periods of time (3-5 hours) if necessary? Yes No
Can you type or perform word processing for 2-3 hours at a time? Yes No
Can you look at a computer screen for 2-3 hours at a time? Yes No

If you answered "no" to any of the above questions, what accommodations would you need to perform the duties in a reasonable and safe manner?

Advanced BioEnergy's facilities are smoke and tobacco free.



Employee Information Form

Date: _____

The information requested below will be used to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information will be confidential and will only be used in accordance with the provisions of applicable laws and regulations, including those that require the information to be summarized and reported to the government for civil rights enforcement.

Name (Please Print): _____

Sex: Male Female

Title: _____

1. Are you Hispanic or Latino? YES NO

A person is Hispanic or Latino if he or she is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

2. In What Racial/Ethnic Category Do You Consider Yourself To Belong?

Please check all that are applicable

- White.** *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Black or African American.** *A person having origins in any of the black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander.** *A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- Asian.** *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*
- American Indian or Alaska Native.** *A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.*

Signature

Application Attachment