



Application for Employment

Chippewa Valley Ethanol Co, LLLP is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, sexual orientation, disability, age, marital status or any other protected status. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills may be required prior to employment. If you feel that you have been discriminated against during the application process, contact the Human Resources Coordinator at (320) 843-4813.

(PLEASE PRINT)

Position(s) Applied For			Date of Application			
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk - In		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other		
Last Name		First Name		Middle Name		
Address Number	Street	City	State	Zip Code		
Telephone Number(s)			Social Security Number - -			
Have you any outside business interests? If yes, explain on separate sheet.						
Are you 18 years of age or older?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application for employment with us before?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date:						
Have you ever been employed with us before?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date:						
Are you currently employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide proof that you are eligible to work in the United States?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to work? _____						
Are you available to work:		<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		
		<input type="checkbox"/> Shift Work		<input type="checkbox"/> Temporary		
Are you currently on "lay-off" status and subject to recall?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if the essential functions of the job requires it?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education

	High School								Undergraduate College/University				Graduate/Professional				
School Name and Location																	
Years Completed				9	10	11	12			1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
<p>List professional, trade, business, or civic activities and offices held. Please exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</p>																	
<p>PROFESSIONAL LICENSES:</p>																	

References

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p>																
1.																
2.																
3.																
Names of Relatives Employed by the Company																
Name					Department				Address: No. Street City State							
1.																
2.																
3.																

Have you ever had any job-related training in the United States military?

Yes

No

If Yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. Employer		Dates Employed	Work Performed
Address:		Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Name of Last Supervisor	Reason for leaving	
2. Employer		Dates Employed	Work Performed
Address:		Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Name of Last Supervisor	Reason for leaving	
3. Employer		Dates Employed	Work Performed
Address:		Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Name of Last Supervisor	Reason for leaving	
4. Employer		Dates Employed	Work Performed
Address:		Hourly Rate/Salary	
Telephone Number(s)			
Job Title	Name of Last Supervisor	Reason for leaving	

Have you ever been discharged or asked to resign from any job?

Yes

No

If yes, give details: _____

From what company or companies:

Please explain any gap of employment:

Special Skills, Qualifications and Additional Training

Summarize special job-related skills and qualifications acquired from employment or other experience: _____

AGREEMENT – PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Chippewa Valley Ethanol Co, LLLP (hereafter referred to as "THE COMPANY") may rely on my representations in this application in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or, if discovered later, my immediate discharge.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment is "at will" and can be terminated with or without cause, and with or without notice, at any time, at my option or the option of THE COMPANY where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination of my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address and phone number to other divisions, companies, services or agencies which may have employment opportunities.

Applicant's Signature: _____ Date: _____

Please mail to Chippewa Valley Ethanol Company, LLLP, 270 20th Street NW, Benson, MN 56215 or email to mconnolly@cvec.com