



Application for Employment

(Please print)

Position(s) Applied For:

Date of Application:

How did you learn about us?

- Advertisement Social Media Employment Agency
 Relative/Friend Walk-In Other

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip Code:

Phone Number(s):

Email:

Are you 18 years of age or older? (Safety purposes)

Yes

No

Can you provide proof that you are eligible to work in the United States?

Yes

No

On what date would you be available to work? _____

Can you work nights?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, please describe:

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

Yes

No

If yes, please describe:

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed			
Diploma/Degree			
Major and Minor			
Describe any specialized training, apprenticeship, skills and extracurricular activities			
Describe any honors you have received			

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 and other protected statuses.)

Professional licenses:

References

Please list three references who are not related to you and are not previous employers.

1. Name:	Phone:
Email:	
2. Name:	Phone:
Email:	
3. Name:	Phone:
Email:	

Names of relatives employed by the company:

- | | |
|----------|-------------|
| 1. Name: | Department: |
| _____ | _____ |
| 2. Name: | Department: |
| _____ | _____ |
| 3. Name: | Department: |
| _____ | _____ |

Experience

Start with most recent.

- | | |
|-----------------------------------|--|
| 1. Employer: | Dates Employed: |
| _____ | _____ |
| Job title:
_____ | |
| Name of last supervisor:
_____ | |
| Address:
_____ | |
| Phone: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ |
| Hourly rate:
_____ | |
| Work performed:
_____ | |
| Reason for leaving:
_____ | |
| 2. Employer: | Dates Employed: |
| _____ | _____ |
| Job title:
_____ | |
| Name of last supervisor:
_____ | |
| Address:
_____ | |
| Phone: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ |
| Hourly rate:
_____ | |
| Work performed:
_____ | |
| Reason for leaving:
_____ | |
| 3. Employer: | Dates Employed: |
| _____ | _____ |
| Job title:
_____ | |
| Name of last supervisor:
_____ | |
| Address:
_____ | |
| Phone: | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ |
| Hourly rate:
_____ | |
| Work performed:
_____ | |
| Reason for leaving:
_____ | |

4. Employer: _____ Dates Employed: _____
Job title: _____
Name of last supervisor: _____
Address: _____
Phone: _____ May we contact? Yes No
Hourly rate: _____
Work performed: _____
Reason for leaving: _____

Have you ever been discharged or asked to resign from any job? Yes No
If yes, please explain:

From what company or companies:
Please explain any gap of 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.

AGREEMENT-PLEASE READ ENTIRE STATEMENT BELOW CAREFULLY 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 hr@cvec.com