

APPLICATION FOR EMPLOYMENT
Fox River Valley Ethanol LLC
4995 State Road 91
Oshkosh, WI 54904

Fox River Valley Ethanol LLC is an equal opportunity employer dedicated to a policy of non-discrimination in employment based upon an individual's race, color, creed, religion, age, gender, national origin, ancestry, veteran status, marital status, sexual orientation or the presence of any non-job-related medical condition or disability, or other characteristics protected by law. In reading and answering the following questions, keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. Your application will be given consideration, but its receipt does not imply that you will be interviewed or employed. If you need an accommodation to participate in the application process, contact us at (715) 709-0281.

PLEASE PRINT!

POSITION APPLIED FOR: _____

Date Available to Start Work: _____ Today's Date: _____

Work Availability: _____ Full-time _____ Part-time _____ Temporary (check any that apply)

PERSONAL DATA

Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____ E-mail: _____
() () ()

GENERAL INFORMATION

1. Have you ever applied for a job with this company in the past? If yes, give the date of application and the position for which you applied. ___ Yes ___ No
2. Any previous names you have used or been known by (for reference checking purposes)? If yes, state other name(s). ___ Yes ___ No
3. Have you ever been employed by this company in the past? If yes, give dates of employment, position held, and state your name while employed if different from present name. ___ Yes ___ No
4. If hired, will you be able to work during the normal days and hours required for the position for which you are applying (see job description)? Most production and maintenance positions require working a two week schedule of 12 hour shifts (2 days on-2 days off-3 days on-2 days off-2 days on-3 days off) from 7am-7pm or 7pm-7am. If no, explain: ___ Yes ___ No
5. Do you have any commitments to another employer that might affect your availability for employment with our company? (for example on layoff) If yes, explain: ___ Yes ___ No
6. If hired, can you furnish proof that you are at least 18 years of age and that you are eligible to work in the United States? If no, explain: ___ Yes ___ No
7. If hired for a position that requires it, are you licensed and insurable to drive a vehicle? If no, explain: ___ Yes ___ No
8. Do you now, or will you in the future, require Fox River Valley Ethanol LLC to sponsor an employment visa for your continued employment? ___ Yes ___ No

9. Have you been convicted of a felony or misdemeanor, or released from prison in the past 10 years? A yes answer does not automatically disqualify you from employment. If yes, please explain 1) the nature of each conviction; 2) date of each conviction; and 3) state and county in which you were convicted. __Yes __No

10. Do you have any pending charges against you? We are not seeking any information regarding past arrests that have been dismissed. A yes answer will not automatically disqualify you from employment. It will be considered only as it may relate to the job you are seeking.) If yes, please explain 1) the nature of the pending charge; 2) date of the pending charge; and 3) state and county in which the charge is issued. __Yes __No

11. Are you able to perform the tasks listed on the job description (enclosed, attached or referenced in the application process) with or without an accommodation? __Yes __No

12. If necessary, what accommodation could we make that would allow you to perform the essential functions of the job?

EDUCATIONAL DATA

SCHOOLS ATTENDED	NAME AND LOCATION OF SCHOOL (CITY & STATE)	DID YOU GRADUATE?	WHAT DEGREE/ DIPLOMA/ CERTIFICATE?	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
PROFESSIONAL SEMINARS				

Please provide below any additional information you believe would be of value in considering you for employment. Include any JOB RELATED professional or trade certifications, licenses, equipment qualified to operate, computer systems or hardware/software, and any other JOB RELATED special skills and abilities, classes, or workshops attended:

EMPLOYMENT HISTORY - PRESENT & FORMER EMPLOYERS
ATTACH ADDITIONAL SHEET IF NECESSARY • PLEASE COMPLETE EVEN IF A RÉSUMÉ IS INCLUDED

Present or Last Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Next Previous Employer – Company Name:	Dates of Employment From: To:
Address:	Supervisor’s Name and Job Title:
City, State, Zip:	Supervisor’s Phone Number:
Your Job Title: Job Duties:	Reason for Leaving: May We Contact? ___ Yes ___ No
Final Pay: \$ _____ per _____	<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

Account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less).

Time Period(s)

Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please use an additional sheet.

OTHER JOB-RELATED EXPERIENCE: Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations or activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

**IMPORTANT
PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

Initials

_____ I promise that the information provided in this employment application (and accompanying résumé, if any) is true and complete. I understand that any false information, inaccurate information, or omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment by Fox River Valley Ethanol LLC if discovered at a later date. I agree to immediately notify Fox River Valley Ethanol LLC if I should be convicted of or charged with any crime, other than a minor traffic offense, while my job application is pending, or during my period of employment, if hired.

_____ I authorize any person, school, current employer (except as previously noted), past employer(s), government or investigative agencies, and other organizations that may be named in this application form (and accompanying résumé, if any) to provide Fox River Valley Ethanol LLC with relevant information and opinion that may be useful to it in making a hiring decision, and I release such persons and organizations from any liability and damage arising from the release of this information.

_____ If offered a job that requires it, I give permission for a drug test and a job-related complete physical examination, and I consent to the release to Fox River Valley Ethanol LLC of any medical information they deem necessary in assessing my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that, if hired, I may not hold other employment, nor engage in consulting, sales, investments or other activities that may create a conflict of interest with Fox River Valley Ethanol LLC.

_____ I understand that if employed and my employment is terminated by Fox River Valley Ethanol LLC for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.

_____ I understand that this application does not create a contract of employment. I understand that if hired, my employment is "at-will" and is for no definite period of time, and may be terminated by me or Fox River Valley Ethanol LLC at any time. I understand that only the General Manager of Fox River Valley Ethanol LLC is authorized to change any of the terms of employment and that any changes must be specific and in writing.

_____ I understand that this application will be actively considered for 6 months from the date listed below for job openings that occur in my area of interest. I understand I must reapply after this 6-month period to be considered for other openings in the future.

Signed: _____ Date _____