



Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department REVISIED 3/15/21

PLEASE PRINT

Applicant Information

Position Applying For: _____ Date: _____

Type of Employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Full Name: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell Phone: ()

Are you able to meet the attendance requirement of the position? YES NO

Date Available: _____ Email Address: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO If yes, when?

If you answered yes to either of the last two questions, please explain: _____

Are you related to anyone currently working at Show Me Ethanol, LLC? YES NO
If yes, explain relation _____

Employment History

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills and Qualifications

Summarize any training, skill, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Give the name of three persons not related to you, whom you have known at least three (3) years.

Full Name: _____ Relationship: _____ Company: _____

Phone: _____ () _____

Address: _____

Full Name: _____ Relationship: _____ Company: _____

Phone: _____ () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ () _____

Address: _____

Disclaimer and Signature

I certify all information I have provided hereon in order to apply for and secure work with Show Me Ethanol LLC is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employment of Show Me Ethanol LLC whenever it is discovered.

I expressly authorize, without reservation, for Show Me Ethanol LLC, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Show Me Ethanol LLC, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from Show Me Ethanol LLC and still wish to be considered for employment, it will be necessary to re-apply and 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 Show Me Ethanol LLC reserves the same 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 also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement

Signature of Applicant: _____ Date: _____