

Dakota ETHANOL

**46269 SD Hwy 34
PO Box 100
Wentworth, SD 57075**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any application form consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. The application will be kept in the Company's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:		DATE:
TELEPHONE NUMBER: ()		
POSITION APPLIED FOR OR TYPE OF WORK DESIRED:		
TYPE OF EMPLOYMENT DESIRED: FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
Are you able to meet attendance requirements?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any objections to working overtime when required?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you submit proof of legal employment authorization and identity?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you under 18 years of age?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a crime in the last 7 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain (a conviction will not automatically bar employment):		

EMPLOYMENT HISTORY		
Please provide all employment information for your last four employers starting with the most recent.		
EMPLOYER:	POSITION HELD:	
ADDRESS:	TELEPHONE NUMBER:	
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		DATES EMPLOYED
JOB SUMMARY:		FROM TO
EMPLOYER:	POSITION HELD:	
ADDRESS:	TELEPHONE NUMBER:	
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		DATES EMPLOYED
JOB SUMMARY:		FROM TO
EMPLOYER:	POSITION HELD:	
ADDRESS:	TELEPHONE NUMBER:	
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		DATES EMPLOYED
JOB SUMMARY:		FROM TO

EMPLOYMENT HISTORY		
EMPLOYER:		POSITION HELD:
ADDRESS:		TELEPHONE NUMBER:
IMMEDIATE SUPERVISOR AND TITLE:		
REASON FOR LEAVING:		DATES EMPLOYED
JOB SUMMARY:		FROM TO

OTHER SKILLS AND QUALIFICATIONS:
Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

EDUCATION				
	NAME OF SCHOOL	CITY AND STATE	MAJOR	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
TECHNICAL SCHOOL				
OTHER				

REFERENCES
List three references names, telephone numbers and years known. (Please do not include relatives or current/previous employers.)

I hereby authorize the Dakota Ethanol LLC to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release liability from Dakota Ethanol LLC and its representatives for seeking, gathering and using such information to make employment decisions and all other persons and organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or Dakota Ethanol LLC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand it is the policy of this Dakota Ethanol LLC not to refuse to hire or otherwise discriminate against a qualified individual with disability because of that persons need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that any job offer is contingent upon passing a company pre-employment drug screening. Also, as a condition of continued employment, I may be required to submit to a company physical which includes a screen for drugs and alcohol.

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

 Print Name

 Sign Name

 Today's Date