Badger State Ethanol, LLC Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Please mail completed application to:

820 W 17th Street, P.O. Box 317, Monroe, WI 53566 **or fax application to:** 608-329-6909

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE F	PAGES 1-5.		DATE			
Name						
	Last	First	Middle		Maiden	
Present address	Number	Street	City State	Zip		
How long at current ad	dress		•	•		
			iai Security No			
Telephone ()		0,"	. 6 . 6		VEQ NO	
_	YESNO, if "YE			-		
Are you currently author	rized to work in the United	d States?YES	NO. Proof of	eligibility will be	required if hired.	
Position applied for (1)			Days/hours ava			
				Thur Fri		
(Be specific)			Tue	Sat Sun		
			vveu	Suii		
How many hours can yo	ou work weekly?					
Employment desired	□FULL-TIME ONLY	□PART-TIME O	NLY □FU	JLL- OR PART-1	ГІМЕ	
	□FULL-TIME ONLY to start work?			JLL- OR PART-1	ГІМЕ	
				JLL- OR PART-1	ГІМЕ	
				JLL- OR PART-1	ГІМЕ	
			NUMBER	OF YEARS	MAJOR & DEGREE	
When are you available TYPE OF SCHOOL	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available TYPE OF SCHOOL High School College	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available TYPE OF SCHOOL High School	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available TYPE OF SCHOOL High School College	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available TYPE OF SCHOOL High School College Bus. or Trade School	to start work?	LOCATION (Complete mailing	NUMBER	OF YEARS	MAJOR &	
When are you available TYPE OF SCHOOL High School College Bus. or Trade School Professional School	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER	OF YEARS PLETED	MAJOR & DEGREE	
When are you available TYPE OF SCHOOL High School College Bus. or Trade School Professional School Have you ever been col	NAME OF SCHOOL nvicted of a crime which is	LOCATION (Complete mailing address)	NUMBER COMI	OF YEARS PLETED r qualifications o	MAJOR & DEGREE	
When are you available TYPE OF SCHOOL High School College Bus. or Trade School Professional School Have you ever been coryou are applying? Note of the profession of th	NAME OF SCHOOL nvicted of a crime which is	LOCATION (Complete mailing address) s substantially related to record will not necession offense(s) leading to co	NUMBER COMI	OF YEARS PLETED r qualifications o	MAJOR & DEGREE	

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APPLICATION FOR EMPLOYMENT

DO YOU HA	AVE A DRIVE	ER'S LICE	ENSE?	☐ Yes	□ No					
What is you	r means of tr	ansportat	ion to worl	k?						
Driver's licer number	nse 			_ State o	f issue _		☐ Operator	□ Com	mercial (CDL)	□Chauffeur
Expiration d	ate			-						
_	ad any accido ad any movir		-	-		rs?			any? any?	
					_	FFICE ONS ONL	,			
Typing	□ Yes □ No		_WPM		10-key	□ Yes □ No	Word Proces	ssing	☐ Yes ☐ No	WPM
Personal Computer	☐ Yes ☐ No	PC Mac								
Please list to	wo reference	s other th	an relative	es.						
Name						Name _				
Position						Position				
Company _						Compan	у			
Address						Address				
Telephone	()					Telepho	ne <u>()</u>			
evaluating y believe relev	our qualifica	tions for e omit any	mploymer information	nt. You m	nay includ	le hobbies,	volunteer expe	erience, a	eve should be o and other activit status, ethnic o	ies you

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MILI	TARY					
	1741					
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No						
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No						
Specialty Date Entered Discharge Date						
[
Work Please list your work experience for the past seven years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
company.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
Your Last Job Title						
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this			

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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
. Holle Hallies.		То	Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learne company.	ed, advancements or pro	omotions while you wo	rked at this

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Badger State Ethanol, LLC (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Badger State Ethanol, LLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.____ Both the undersigned and Badger State Ethanol, LLC may end the employment relationship at any time, without specified notice or reason.____ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. I understand that, as a condition of employment, a medical examination and a drug screen may be required. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living.____ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.____ Signature of applicant Date:

Badger State Ethanol, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Badger State Ethanol, LLC depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.