



SIUXLAND ETHAN L LLC

1501 Knox Blvd • Jackson, NE 68743

Phone: 402-632-2676 (CORN) • Fax: 402-632-2677

Application for Employment

Today's Date: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
PHONE NO	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATIONS HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL TRAINING SKILLS

US MILITARY OR
NAVAL SERVICE

RANK

FORMER EMPLOYERS (list below last four employers, starting with last one first)

DATE:MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

Siouxland Ethanol is an Equal Opportunity Employer. Drug test and background check are required. Federal Law requires we verify the identity and determine eligibility of all applicants hired to work. The I-9 Form is used for verification of all persons hired to work in the United States thru E-Verify®. For more information on E-Verify®, please contact DHS at: 1-888-464-4218 or www.dhs.gov/E-Verify