



13435 370th Avenue
 Mina, SD 57451
 605-225-9900

301 20th Avenue SE
 Watertown, SD 57201
 605-882-8480

Application for Employment
 THIS APPLICATION IS GOOD FOR 30 DAYS.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

TODAY'S DATE: _____

Name:				
	Last	First	MI	
Address:				
	Street	City	State	Zip Code
Daytime Phone:		Evening Phone:		
E-mail Address:				

Position Information			
Position(s) Desired:			
Willing to Work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Desired Salary: _____
Location Desired:	<input type="checkbox"/> Mina, SD	<input type="checkbox"/> Watertown, SD	
If the position requires, are you available for overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Education Information			
High School:			
Years Completed:		Name & Location Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University:			
Degree Earned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location	
Major:		If no, years completed:	
Graduate Studies:			
Degree Earned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location	
Describe any specialized Training or Skills which may be relevant:			

Special Skills or Training	
<input type="checkbox"/> Typing	Wpm _____
<input type="checkbox"/> Lab Experience	

<input type="checkbox"/> Grain/Agriculture Experience <input type="checkbox"/> Welding <input type="checkbox"/> Mechanical Experience <input type="checkbox"/> Other Special Skills: _____	Type of Welding: _____
Computer & Software Used: _____	

Employment History

Are you currently employed? Yes No

May we contact your most recent/current employer? Yes No

Complete the following section in detail, most recent employer or current employer first (include service in the Armed Forces of the United States, part time, summer employment, self employment, volunteer or temporary employment if applicable). It is not necessary to go back beyond 10 years.

Most Recent/Current Employer:	
Address: _____ Phone Number: _____	
(City, State, Zip)	
Supervisor's Name: _____	
Your Position: _____	
Position Description: _____	
Dates Employed: _____ To _____	Reason for Leaving: _____
Month/Yr.	Month/Yr.
Starting Salary/Hourly Rate: _____	Ending Salary/Hourly Rate: _____
Previous Employer:	
Address: _____ Phone Number: _____	
(City, State, Zip)	
Supervisor's Name: _____	
Your Position: _____	
Position Description: _____	
Dates Employed: _____ To _____	Reason for Leaving: _____
Month/Yr.	Month/Yr.
Starting Salary/Hourly Rate: _____	Ending Salary/Hourly Rate: _____
Previous Employer:	
Address: _____ Phone Number: _____	
(City, State, Zip)	
Supervisor's Name: _____	
Your Position: _____	
Position Description: _____	
Dates Employed: _____ To _____	Reason for Leaving: _____
Month/Yr.	Month/Yr.
Starting Salary/Hourly Rate: _____	Ending Salary/Hourly Rate: _____
Previous Employer:	
Address: _____ Phone Number: _____	
(City, State, Zip)	
Supervisor's Name: _____	
Your Position: _____	
Position Description: _____	
Dates Employed: _____ To _____	Reason for Leaving: _____
Month/Yr.	Month/Yr.
Starting Salary/Hourly Rate: _____	Ending Salary/Hourly Rate: _____

List any professional, trade, business and civic or volunteer activities and any offices held. (You may exclude memberships which would reveal gender, race, color, religion, national origin, age, disability or other protected status.):

General Information

Do you have any relatives that are currently employed by Glacial Lakes Energy including employees, Board Of Directors, etc.... Yes No

If Yes: With whom and what is your relationship?

If employment is offered, are you able to provide proof of the legal right to work in the U.S. after being hired? Yes No

Are you under the age of 18? Yes No

How did you hear about Glacial Lakes Energy, LLC?

Newspaper Radio Walk In Internet Other
Referred by: _____

Professional References

Please provide the names and business telephone numbers of people who are familiar with your work experience and technical competence in the field for which you are applying. We prefer professional/technical associates and/or past supervisors with whom you have worked. By providing reference information, you are giving Glacial Lakes Energy, LLC permission to contact these people.

Name: _____ Title: _____
Business Telephone: _____ Employer: _____
Professional Relationship: _____ Years Associated: _____

Name: _____ Title: _____
Business Telephone: _____ Employer: _____
Professional Relationship: _____ Years Associated: _____

Name: _____ Title: _____
Business Telephone: _____ Employer: _____
Professional Relationship: _____ Years Associated: _____

Please read the following carefully before submitting this application:

By placing my signature on this Employment Application, I verify that all of the information that I have provided on this document is true and accurate as of _____. I understand that by providing false or misleading information on this application or during the interview process I have forfeited my possible employment with GLE and that I may be terminated if it is discovered after I have begun my employment that I provided false or misleading information during the application or interview process. Moreover, by signing this Employment Application I authorize GLE to contact my past employers, the education institutions I attended, and/or my references to investigate my background. I further authorize GLE to communicate the information contained within this Employment Application to third-parties. I also indemnify this Company against any liability that might result from making such investigation.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING. Finally, I understand that this Employment Application is the property of GLE and that if I am hired a copy of this document will be retained in my personnel file.

Applicant Signature: _____

Date: _____