



Application for Employment

PERSONAL INFORMATION

Name (First, Middle, Last):	Social Security Number:
Street Address:	Primary Telephone Number:
City, State Zip:	Secondary Telephone Number:
	E-Mail Address:

Are you legally eligible to work in the United States: Yes No

If you are under the age of 18, do you have an employment/age certificate? Yes No N/A

In the past five years, have you been convicted of (or pled no contest to) a felony: Yes No

If yes, please explain: _____

POSITION & AVAILABILITY

Positions Desired:	Days/Hours Available:
<input type="checkbox"/> Operator	<input type="checkbox"/> Monday _____ To _____
<input type="checkbox"/> Material Handler	<input type="checkbox"/> Tuesday _____ To _____
<input type="checkbox"/> Scale Technician	<input type="checkbox"/> Wednesday _____ To _____
<input type="checkbox"/> Maintenance Technician	<input type="checkbox"/> Thursday _____ To _____
<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Friday _____ To _____
<input type="checkbox"/> Acct/Admin Clerk	<input type="checkbox"/> Saturday _____ To _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sunday _____ To _____

Pay Rate Desired:
What date are you available to begin work:

If you can only work until a set date, please indicate:
List specific dates you will need time off:

EDUCATION (please list the most recent first)

Schools/Colleges Attended	Years Attended	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applications are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or the presence of a non-job-related medical condition or handicap.

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REFERENCES

Name:
Address:
City, State Zip:

Company:
Position/Relationship:
Phone Number:

Name:
Address:
City, State Zip:

Company:
Position/Relationship:
Phone Number:

Name:
Address:
City, State Zip:

Company:
Position/Relationship:
Phone Number:

SPECIAL SKILLS

Describe any special skills or qualifications you can bring to LHCE:

I CERTIFY that the information contained in this application is true and complete. I understand that this application is not and is not intended to be any kind of contract or agreement. I understand that false information may be grounds for a) not hiring me or b) immediate termination of employment at any point in the future. I authorize verification of any or all information included in this application. I also understand that I am required to abide by all rules, regulations, and policies of Levelland Hockley County Ethanol, LLC.

Signed: _____ Date: _____

I CERTIFY that I do not have any detectible amounts of prohibited substances in my system. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination.

Signed: _____ Date: _____

For Internal Use Only:

Date Reviewed: _____ Manager(s) Notified: _____

Arrange Interview: Yes No Date: _____ Place: _____

Remarks: