

LITTLE SIOUX CORN PROCESSORS, LLC

4808 F Ave • Marcus, IA 51035 • 712-376-2800

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

	RMATION			DATE		
NAME						
FIRST PRESENT ADDRESS	MIDDLE	LA	ST			
	STREET		CITY	ST	ATE	ZIP
PERMANENT ADDRESS	STREET		CITY	ST	TATE	ZIP
PHONE NO		ARE YOU 18	YEARS OR OLD	ER? Yes	No 🗌	
ARE YOU EITHER A U.S.	CITIZEN OR AN ALIEN AUT	HORIZED TO W	ORK IN THE UN	NITED STATES?	Yes 🗌 N	o 🗆
EMPLOYMENT DI	ESIRED		E YOU N START		SALARY DESIRED	
ARE YOU EMPLOYED NO	DW? Yes□ No□	IF S	O, MAY WE INC		Yes □ No □	
ARE TOO LIVIT EOTED IN	7vv: 1es		JR PRESENT EN	MPLOYER?	res 🗆 No l	
EVER APPLIED TO THIS	COMPANY BEFORE? Yes	☐ No ☐	WHEN?			
REFERRED BY						
EDUCATION	NAME AND LOCATION	OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS	STUDIED
HIGH SCHOOL						
COLLEGE						
FRADE, BUSINESS OR CORRESPONDENCE SCHOOL						
GENERAL SUBJECTS OF SPECIAL	STUDY					
SPECIAL SKILLS						
ACTIVITIES (CIVIC, ATHI	LETIC, ETC)					
	ME OF WHICH INDICATES THE RACE, GRE	EED SEX, AGE, MARITAL	STATUS, COLOR OR NA	TION OF ORIGIN OF ITS I	MEMBERS	
<u> </u>						

PERSONAL EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

TIME PERIOD (MONTH/YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
ТО				
FROM				
ТО				
FROM				
TO				
FROM				
ТО				

NAME	ADDRESS	BUSINESS	YEARS ACOUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY			
	NAME	ADDRESS	PHONE NO.

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 hereby authorize LSCP to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. This may involve verifying the accuracy of information contained in this application from all previous employers, educational institutions, and references, as well as obtaining additional pertinent information they may have. I understand that LSCP may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

In consideration of my employment, I agree to conform to the comany's rules and regulations.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand and agree that the "at will" nature of the employment means the terms and conditions of my employment may be changed, with or without cause, and with or without prior notice, at any time by the Company.

DATE	SIGNATURE