

## CARDINAL ETHANOL, LLC Employment Application

Please PRINT all information requested except signature

Please mail completed application to: 1554 N. 600 E., Union City, IN 47390 or Fax application to: (765) 964-3349

OFFICE USE ONLY

Date Received: Reviewed By:

## PLEASE COMPLETE ALL PAGES.

| APPLICANT INFORMATION   |  |  |               |             |   |  |
|---|--|--|---------------|-------------|---|--|
| Name:   |  |  |               |             |   |  |
| (First) (Middle)  |  | (Last)   |               | (Maiden)    | _ |  |
| Present Address:  |  |  |               |             |   |  |
| (Street)  |  | (City)   |               | (State/Zip) | _ |  |
| Phone:  | _Email Addres  | ss:  |               |             |   |  |
| Date Available: Desired   | d Salary:  |  | Social Securi | ty Number:  |   |  |
| Position Applied For:   |  |  |               |             |   |  |
| Please Circle One:  |  |  |               |             |   |  |
| Are you a citizen of the United States?   | YES NO If no, are you authorized to work in the U.S.? YES NO |  |               | YES NO      |   |  |
| Have you ever worked for this company?  | YES NO   | If so, whe   | n?            |             |   |  |
| Have you ever been convicted of a felony?   | YES NO   | If yes, exp  | olain:        |             |   |  |
| DO YOU HAVE A DRIVER'S LICENSE?   | YES NO   |  |               |             |   |  |
| What is your means of transportation to work                                      | ?  |  |               |             |   |  |
| river's License umber: State of Issu  |  | Any Special Designation?  ie: (CDL, Chauffeur, etc.) |               |             |   |  |
| Expiration Date:  |  |  |               |             |   |  |
| Have you had any traffic accidents during the past three years?  YES NO How many? |  |  |               |             |   |  |
| Have you had any moving violations during the past three years?  YES NO How many? |  |  |               |             |   |  |
| EDUCATION   |  |  |               |             |   |  |
| High School:  |  | Address:   |               |             |   |  |
|   |  | 71001000.  |               |             |   |  |
| From: To: Did you   | u Graduate?  | YES NO   | Degree:       |             |   |  |
| College:  |  | Address:   |               |             |   |  |
| From: To: Did you   | ı Graduate?  | YES NO   | Degree:       |             | _ |  |
| Other:  |  | Address:   |               |             |   |  |
| From: To: Did you   | ı Graduate?  | YES NO   | Degree:       |             |   |  |

| REFERENCES   |                 |                   |
|--|-----------------|-------------------|
| Please list three professional references.                   |                 |                   |
| Full Name:   | Relationship:   |                   |
| Company:   | Phone Number:   |                   |
| Address:   |                 |                   |
|  |                 |                   |
| Full Name:   | Relationship:   |                   |
| Company:   | Phone Number:   |                   |
| Address:   |                 |                   |
| Full Name:   | Dolotionobin    |                   |
|  |                 |                   |
| Company:   | Phone Number:   |                   |
| Address:   |                 |                   |
| CURRENT/PREVIOUS EMPLOYMENT                                  |                 |                   |
| Company:   | Phone Number:   |                   |
| Address:   | Supervisor:     |                   |
| Job Title: Start   | ting Salary: \$ | Ending Salary: \$ |
| Responsibilities:  |                 |                   |
| From: To: Reason for Leavin                                  | g:              |                   |
| May we contact your current supervisor for a reference? YES  | NO              |                   |
| Company:   | Phone Number:   |                   |
| Address:   | Supervisor:     |                   |
| Job Title: Start   | ting Salary: \$ | Ending Salary: \$ |
| Responsibilities:  |                 |                   |
| From: To: Reason for Leavin                                  | g:              |                   |
| May we contact your previous supervisor for a reference? YES |                 |                   |
| Company:   | Phone Number:   |                   |
| Address:   | Supervisor:     |                   |
| Job Title: Start   |                 | Ending Salary: \$ |
| Responsibilities:  |                 |                   |
| From: To: Reason for Leavin                                  | g:              |                   |
| May we contact your previous supervisor for a reference? YES |                 |                   |
|  |                 |                   |

| MILITARY SERVICE   |  |
|--|--|
| Branch:  | From:To:   |
| Rank at Discharge:   | Type of Discharge:   |
| If other than honorable, explain:  |  |
| OTHER  |  |
| Did you complete this application yourself? YES  | NO If not, who did?  |
|  | dicate if you are able to perform the essential functions of the job for which you<br>blease identify those job functions that you cannot perform. If a reasonable<br>e job properly and safely, please describe:  |
| APPLICATION FORM WAIVER  |  |
|  | EASE READ CAREFULLY  |
| As indication that you have read and understood  | l each sentence, please write your initials in the spaces provided below.  |
| In exchange for the consideration of my job application  | by Cardinal Ethanol, LLC (hereinafter called "Company"), I agree that:   |
| applied for or any other position, and regardless of the ostatements, and the like as they may exist for time to time contract of employment, or to confer any right to respect the employment-at-will relationship between it a written instrument signed by the Owner/Managing Memmay end the employment relationship at any time, without the contract of the contrac | equent entry into any type of employment relationship, either in the position contents of employee handbooks, personnel manual, benefit plans, policy me, or other Company practices, shall serve to create an actual or implied emain an employee of Cardinal Ethanol, LLC or otherwise to change in any and the undersigned, and that relationship cannot be altered except by a liber of the Company Both the undersigned and Cardinal Ethanol, LLC out specified notice or reason If employed, I understand that the ts, policies and procedures and such changes may include reduction in |
| omission of facts called for is cause for dismissal a  | ed in this application I understand that the misrepresentation or eat any time without any previous notice I hereby give the ous employers (unless otherwise indicated), references, and others, and a result of such contact  |
| I understand that, as a condition of employment, a   | a medical examination and a drug screen may be required  |
| from a consumer reporting agency an investigative character, general reputation, personal characteristics.   | rocessing of your employment application, the Company may request e consumer report including information as to my credit records, stics, and mode of living Upon written request from me, the on concerning the nature and scope of any such report requested by it,  |
|  | Company shall be probationary for a period of sixty (60) days, and riod or thereafter, my employment relationship with the Company is  |
| Signature of applicant:  | Date:  |
| color, religion, gender, sexual orientation, national origin, o  | mployer. We adhere to a policy of making employment decisions without regard to race, citizenship, age or disability. We assure you that your opportunity for employment with I, LLC depends solely on your qualifications.  |
| Thank you for completing this  | application form and for your interest in our business!  |