



13435 370<sup>th</sup> Avenue  
Mina, SD 57451  
605-225-9900

301 20<sup>th</sup> 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:	_____		

<b>Position Information</b>			
Position(s) Desired:	_____	Desired Salary:	_____
Willing to Work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
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	

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

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

- Grain/Agriculture Experience
- Welding
- Mechanical Experience
- 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

Within the last 10 years, have you been convicted of a felony? (Conviction of a crime does not necessarily disqualify you from employment.)  Yes  No

If yes, (if the answer is yes, it does not necessarily disqualify you), explain the nature of the offense and the date:

Are you under the age of 18?  Yes  No

How did you hear about Glacial Lakes Energy, LLC?

Newspaper  Radio  Walk In  Internet  Other

### 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:

**FAIR CREDIT REPORTING ACT  
WRITTEN NOTICE AND AUTHORIZATION FOR PROCUREMENT  
OF CONSUMER REPORT**

Through this document, **Glacial Lakes Energy, LLC** (Company) is putting you on notice and disclosing to you that the Company may obtain a consumer report for employment purposes or as part of the pre-employment background investigation. In addition, such a consumer report may be obtained at any time during your employment.

Your signature below also authorizes the Company to procure a consumer report for employment purposes.

The consumer report may include, but is not limited to, the following types of information: motor vehicle and criminal history records.<sup>1</sup> Upon written request by you to the consumer reporting agency, a consumer reporting agency shall make a complete and accurate disclosure of the nature and scope of the report. The consumer reporting agency's name is as follows:

**Verifications, Inc.**

If hired, or already employed, this authorization shall remain on file and shall serve as an ongoing authorization for the Company to obtain consumer reports at any time during your employment, for employment purposes. Further, if hired, or already employed, your signature below authorizes the Company to supply your employment history with the Company to a consumer reporting agency.

Please sign below to signify your receipt and understanding of the above disclosure and to authorize the Company to obtain a consumer report.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant or Employee Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant or Employee's Name (Printed)

*For Minnesota applicants/employees only:* Please mark below if you would like a copy of the consumer report that we obtain.

Yes, please have the consumer reporting agency send me a copy of the report

\_\_\_\_\_  
<sup>1</sup> If the Company obtains other types of information, it should add that information to this list.

# SOUTH DAKOTA CONSENT TO UNDERGO DRUG TESTING AND PRE-EMPLOYMENT PHYSICAL

(Conditional Offer of Employment)

I hereby agree, upon a request made under the Drug and Alcohol-free Workplace Program and the Safety Program of **Glacial Lakes Energy, LLC** ("GLE"), and in response to a *conditional offer of employment*, to submit to a drug test and to furnish a sample of my urine and/or blood for analysis and to undergo pre-employment physical prescribed by the Company. I understand and agree that if I at any time refuse to submit to a drug and/or alcohol test and to undergo a pre-employment physical or if I otherwise fail to cooperate with the testing procedures, my *conditional offer of employment* will be rescinded and I will not be employed.

I further authorize and give full permission to have GLE, and/or GLE's nurse or physician, send the specimen or specimens collected to a laboratory for a screening test for the presence of drugs, and for the laboratory or other testing facility to release any and all documentation relating to such test to GLE and/or any governmental entity involved in any legal proceeding or investigation that may arise in connection with the test.

I will hold harmless GLE, its nurse or physician, and any testing laboratory and hospital/clinic that GLE might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including the rescission of my *conditional offer of employment*, or any other kind of adverse employment action that might arise as a result of a positive test or my inability to pass the pre-employment physical. I will further hold harmless GLE, its nurse or physician, and any testing laboratory GLE might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug test or pre-employment physical.

I understand that a positive test or my inability to pass the pre-employment physical may result in the immediate rescission of my conditional offer of employment and that I may, at the discretion of GLE, be allowed to retake the drug test prior to the withdrawal of my offer of employment. I agree that I will pay all costs and/or expenses incurred by GLE if a second drug test or pre-employment physical is administered.

DATE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
Glacial Lakes Energy, LLC Representative



# Equal Employment Opportunity Form

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code  
Home Phone: ( ) Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

## Voluntary Information

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

### Racial or Ethnic Group

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

### Gender

- Female
- Male

### Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

### How did you hear about this position?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_