

Granite Falls Energy, LLC

15045 Highway 23 SE • PO Box 216 Granite Falls, MN 56241-0216 Telephone: 320-564-3100 Fax: 320-564-3190

Application for Employment

Today's Date:

Name:									
Last		First	MI						
Address: Street		City	State	Zip Code					
Daytime Phone:	Evenin	-		•					
E-mail Address:									
Position Information									
	(s) Desired Salary:								
Willing to Work: Full Time	Part Tir	ne	Shift Work						
If the position requires, are you available for			Yes	No					
overtime? Are you willing to relocate?			Yes	No					
Education Information									
High School:									
		Name & Loca							
Years Completed:	(Graduated?	Yes	No					
College/University:		Name &	Location						
Degree Earned? Yes	Name & Location Yes No If no, years completed:								
Major:]	Minor:							
Graduate Studies:									
	Name & Location								
Degree Earned? Yes No If no, years completed:									
Describe any specialized Training or Skills which	en may be rele	evant.							
Special Skills or Training									
Typing Wpm									
Lab Experience									
Grain/Agriculture Experience	1.1								
	elding:								
Mechanical Experience Other Special Skills:									
Other Special Skills: Computer & Software Used:									
Employment History									
Are you currently employed?	Yes	No							
May we contact your most recent/current	Yes	No							
employer?	1.00								
Complete the following section in detail must a	agant and 1	an on one of the	omnlover first (in	aluda gamriaa in tha					
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 t				need of temporary					

Most Recent/Current F	-mplover:							
Address:	ost Recent/Current Employer:							
	(City, State, Zip)							
Supervisor's Name:								
YOUF POSITION								
Position Description:								
Dates Employed:	ToReason for Leaving:							
	ToReason for Leaving: Month/Yr. Month/Yr.							
Most Recent/Current H	Employer: Phone Number:							
Address:	Phone Number:							
	(City, State, Zip)							
C								
Supervisor's Name:								
Position Description:								
Position Description	To Reason for Leaving							
Dates Employed.	To Reason for Leaving: Month/Yr. Month/Yr.							
Previous Employer:	Phone Number:							
Address:	Phone Number: (City, State, Zip)							
Your Position								
Position Description:								
Dates Employed:	ToReason for Leaving:							
1 5	Month/Yr. Month/Yr.							
Pravious Employer:								
/ tuti 055.	Phone Number:							
Supervisor's Name:								
Y OUF POSITION.								
Position Description:	Month/Yr. To Reason for Leaving:							
Dates Employed:	Io Reason for Leaving							
List any professional, t	trade, business and civic or volunteer activities and any offices held. (You may exclude ould reveal gender, race, religion, national origin, age, ancestry, disability or other protected							

General Information Do you have any relatives that are currently employed by Granite Falls Energy including employees, Board of Governors, ect If Yes: With whom and what is your relationship?					Yes	No
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 Granite Falls Energy, LLC?						
Newspaper	Walk in	GFE Website	Facebook	Post Card	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 who you have worked By providing reference information, you are giving the Granite Falls Energy, LLC permission to contact these people. Title: Name: Business Telephone: Employer: Professional Relationship: Years Associated: Name: Title: Business Telephone: Employer: Professional Relationship: Years Associated: Title: Name: 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 information on this application I have forfeited my possible employment with GFE and that I may be terminated if my failure to provide truthful information is discovered after I have begun my employment. Moreover, by signing this Employment Application I authorize GFE to contact my past employers, the education institutions I attended, and/or my references to investigate my background. I further authorize GFE to communicate the information contained within this Employment Application to third-parties. Finally, I understand that this Employment Application is the property of GFE and that if I am hired a copy of this document will be retained in my personnel file.

Applicant Signature:_____

Date: