

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 Address:	First		MI				
Street		State					
Daytime Phone:	Evening Phone:						
E-mail Address:							
Position Information Position(s) Desired:	Desired Salary:						
Willing to Work: Full Time	Part Time	Shift Work					
If the position requires, are you available for overtime? Are you willing to relocate?		Yes Yes	No No				
Education Information High School:							
Years Completed:College/University:	Graduate	Location ed? Yes	No				
Degree Earned? Yes Major: Graduate Studies:	No If no, yea Minor:	-					
Graduate Studies: Name & Location Degree Earned? Yes No If no, years completed: Describe any specialized Training or Skills which may be relevant:							
Special Skills or Training Typing Wpm Lab Experience Grain/Agriculture Experience Welding Type of Welding: Mechanical Experience Other Special Skills: Computer & Software Used:							
Employment History	W N.						
Are you currently employed? May we contact your most recent/current employer?	Yes No Yes No						
Complete the following section in detail, most red Armed Forces of the United States, part time, sun employment if applicable). It is not necessary to	nmer employment, se	elf employment, volur					

Most Recent/Current Employer:								
Address:	pi0yei	Phone Number:						
	(City, State, Zip)							
Supervisor's Name:								
I OUI FOSILIOII.								
Dates Employed:	To Reason for Leaving:							
	Month/Yr. Month/	Yr.						
Most Recent/Current En	mployer:							
Address:		Phone Number:						
	(City, State, Zip)							
Supervisor's Name:								
Your Position:								
Position Description:	To Month/Yr. Month/Yr.	Reason for Leaving:						
Dates Employed:	Month/Yr. Month/Yr.							
		<u> </u>						
Previous Employer:		Phone Number						
Address.	(City, State, Zip)	Phone Number:						
Supervisor's Name:								
Your Position								
Dates Employed:	To	Reason for Leaving:						
	Month/Yr. Month/Yr.							
Previous Employer:								
Address:	(City, State, Zip)	Phone Number:						
Supervisor's Name:								
Position Description:								
Dates Employed:	To	_ Reason for Leaving:						
	Month/Yr. Month/Yr.							
		<u> </u>						
List any professional, tr	ade, business and civic or vo	plunteer activities and any offices held. (You may exclude						
	uld reveal gender, race, relig	gion, national origin, age, ancestry, disability or other protected						
status.):								

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?						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?						No		
How did you hear about Granite Falls Energy, LLC?								
Newspaper V	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. Name: Business Telephone: Professional Relationship: Title: Business Telephone: Professional Relationship: Title: Business Telephone: Professional Relationship: Title: Business Telephone: Professional Relationship: Years Associated: Name: Employer: Professional Relationship: Years Associated: 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								
Applicant Signature:			Date:			_		