



PERSONAL (please print clearly):

NAME _____
Last First MI

ADDRESS _____
Number & Street Apt. # City State Zip

PHONE NO. _____ ALTERNATE PHONE NO. _____

BEST TIME(S) TO CALL _____ E-MAIL ADDRESS _____

ARE YOU OVER 18 YEARS OF AGE? YES NO DATE OF BIRTH IF UNDER 18 _____

Your **MINIMUM** salary requirements are (check one): Negotiable **OR** \$ _____ per Hour/Month/Year (circle one)

Do you want to work on a: Full-Time Regular Basis Part-Time Regular Basis (specify days & hours) _____

Temporary Basis (specify days & hours) _____ (specify type of temporary work) _____

Date available for work: _____ How did you learn about our job opportunities: _____

Are you legally authorized to work in the U.S.? Yes No If NO, will you now or in the future, require sponsorship for employment visa status (e.g. H-1B, TN or other Visa Status)? Yes No

Company Policy states that relatives shall not be employed where a supervisory relationship would occur. Please list any relatives working here & their relationship to you. _____

Have you ever been convicted of, or pled guilty to, a crime? Yes No Have you ever been placed on probation or been granted deferred adjudication or deferral of proceedings for a crime? Yes No Are you presently charged with any violation of the law? Yes No
 If you answered yes to any of the above questions, please attach explanation. (Note: The disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)

EDUCATION:		Check last school year completed in each category:												College			
		Grade School						High School						1	2	3	4
NAME AND ADDRESS OF INSTITUTION		1	2	3	4	5	6	7	8	9	10	11	12	From	To	Years Credit	Did You Graduate?
High School or G.E.D.	_____																
Trade School or Other	_____																
College(s) and/or Graduate School(s)	_____																



EMPLOYMENT RECORD: Beginning with your current, or most recent position, list in reverse chronological order all jobs in your work history, or those jobs held within the last 10 years, including temporary jobs. **Please include any specific experience that demonstrates how you meet the minimum requirements for the position(s) for which you are applying.** If you were employed under a different name, give name used. If necessary, attach additional pages.

Dates Employed		EMPLOYER		SUPERVISOR		SALARY	
From	To	Name Address	Phone	Name Title	Start	End	
Your title _____		Describe your duties _____					
All reasons for leaving: _____							

Dates Employed		EMPLOYER		SUPERVISOR		SALARY	
From	To	Name Address	Phone	Name Title	Start	End	
Your title _____		Describe your duties _____					
All reasons for leaving: _____							

Dates Employed		EMPLOYER		SUPERVISOR		SALARY	
From	To	Name Address	Phone	Name Title	Start	End	
Your title _____		Describe your duties _____					
All reasons for leaving: _____							

Dates Employed		EMPLOYER		SUPERVISOR		SALARY	
From	To	Name Address	Phone	Name Title	Start	End	
Your title _____		Describe your duties _____					
All reasons for leaving: _____							

Dates Employed		EMPLOYER		SUPERVISOR		SALARY	
From	To	Name Address	Phone	Name Title	Start	End	
Your title _____		Describe your duties _____					
All reasons for leaving: _____							



SKILLS AND ABILITIES

Please check all of the following that apply:

Computer Skills: Software: Microsoft Word MS Excel PowerPoint MS Access

Accounting: A/P A/R Payroll General Ledger
Purchasing

Special Skills: _____

Foreign Languages (specific fluency—reading, speaking, and/or writing): _____

Please indicate any other skills and abilities you possess, including licensed or certified membership in a profession or trade (indicate the type of license or certification, and the issuing state). _____

It is our procedure to check all references. If you do not wish to have your current employer/supervisor contacted, please check the box below.

It is **OK** to contact current employer/supervisor:

It is **NOT OK** to contact current employer/supervisor:

Comments: _____



Have you ever applied here before? _____ If yes, give dates and positions sought.

Have you ever been employed here? _____ If yes, give position, department, supervisor and dates.

Have you ever been discharged, fired, or asked to resign from any position? _____ If yes, please explain.

In accordance with applicable federal and state laws, Poet Ethanol Products does not discriminate on the basis of age, race, religion, gender, sexual orientation, disability, national or ethnic origin, or veteran status. I understand that official job offers from Poet Ethanol Products are made by the Hiring Supervisor and, unless Human Resources indicate a different procedure, offers made by anyone else should be considered unofficial and invalid.

I hereby certify that the information contained in this application is true and complete. I understand that, if employed all false statements or omissions on this application, curriculum vita, resume, or any accompanying materials are grounds for immediate dismissal. I acknowledge that I may be required to undergo a post offer drug examination prior to employment. I also understand that Poet Ethanol Products reserves the right to terminate my employment at any time with cause or without cause, and that no one at Poet Ethanol Products has any authority to make any representation or agreement to the contrary.

In signing this employment application, I hereby authorize Poet Ethanol Products to conduct an investigation of my personal history for purposes of determining my qualifications and suitability for employment including obtaining investigative consumer reports. I hereby authorize my previous employers and any person I have named as a reference to give Poet Ethanol Products any information concerning my professional competence, ethics, character, and other qualifications for employment.

I release Poet Ethanol Products (and anyone providing information to Poet Ethanol Products) from any and all liability arising from the company's verification of my prior employment history, criminal record, educational record, references, and any other information.

I understand that, in considering my application, the personnel file relating to my employment will be reviewed. If I become a finalist for the position, my current supervisor will be contacted, but only after informing me of the intent to do so.

Signature _____ Date: _____

Printed Name _____



AFFIRMATIVE ACTION APPLICANT DATA

Poet Ethanol Products is an Equal Opportunity/Affirmative Action Employer and is committed to affirmative action and equal opportunity in education and employment. Poet Ethanol Products does not discriminate on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability, or veteran status. This form aids us in reporting accurately the applicant data required for compliance with affirmative action regulations. **Submission of this information is voluntary.**

To be completed by the Applicant:

NAME: _____
Last First Middle

SEX: Male
 Female

RACE: White (Not of Hispanic Origin)
 Black (Not of Hispanic Origin)
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native

POSITION(S) APPLIED FOR:

JOB TITLE

JOB TITLE

JOB TITLE

JOB TITLE

*Thank you for your interest in Poet Ethanol Products and for taking the time to complete this form.
Affirmative Action Office, Poet Ethanol Products, 3939 N. Webb Rd., Wichita, KS 67226*



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, the undersigned, authorize Poet Ethanol Products, or its authorized representatives or employees bearing this release or a copy thereof, to obtain any information in your files pertaining to my juvenile or adult criminal justice record, employment history, medical or psychiatric/psychological background, credit records, information required by the PRIA and/or DOT, military service and/or education records, including, but not limited to, my academic achievement, attendance, personal history, and disciplinary records. I direct you to release such information upon request of the bearer. This release is for the official use of Poet Ethanol Products.

I release you, as the custodian of such records, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal records, military records, psychiatric/psychological records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including officers, employees, or related personnel (both individually and collectively) from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with, or attempt to comply with, this authorization and related requests to release information.

The information obtained by Poet Ethanol Products may be used for the purpose of evaluating applicants for the employment in a security sensitive and to fulfill the requirements if applicable of the PRIA and DOT.

I also understand and acknowledge that this authorization becomes effective on the date signed and continues to be in effect for six months following the date of my signature. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date