

EMPLOYMENT APPLICATION

Print in ink or type. The entire form must be completed; a resume will not substitute.
Keep a copy for your records.

Position Information	Applicant Information		
Job Applied For	NAME		
How did you learn of this opening? <input type="checkbox"/> Newspaper - _____ <input type="checkbox"/> Siouxland Personnel <input type="checkbox"/> Employment Department <input type="checkbox"/> Friend/Co Worker <input type="checkbox"/> Posted At Plant	MAILING ADDRESS		
	CITY, STATE, ZIP		
	HOME PHONE	WORK PHONE	MESSAGE PHONE

Education and Formal Training	List enough education and training (college, trades, business or other schools) to meet the requirement in the job announcement.		
Do you have a high school diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of College, Trade School, Business School, etc.	Major	Graduated?	Degree Earned

Skill Codes	
This section is to be completed if you are applying for any of the related positions. Check all skills, which you are fully proficient.	
Trade Skills	Computer Skills
<input type="checkbox"/> Welding <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing Please note any other skills that may qualify you for this position	<input type="checkbox"/> Word <input type="checkbox"/> Works <input type="checkbox"/> Wordperfect <input type="checkbox"/> Excel <input type="checkbox"/> Lotus <input type="checkbox"/> Financial Information Systems <input type="checkbox"/> Windows 95 or 98 <input type="checkbox"/> Windows environment other than 95/98

Describe enough work experience to meet the qualifications of the job announcement. List each job separately, even within the same organization. Include unpaid and volunteer work related to the job applied for. List your average number of hours worked per week; part-time work is prorated on a 40-hour workweek. You must complete this section; a resume will not substitute. You may make additional copies to attach to your application if necessary.

EMPLOYER	CITY & STATE	YOUR TITLE
FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	WAGE (HOURLY OR SALARY)
AVERAGE HOURS WORKED PER WEEK	SUPERVISORS NAME	SUPERVISORS PHONE NUMBER
SUPERVISORY/LEADWORK: CHECK THE AREAS YOU WERE RESPONSIBLE FOR. <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or recommending Hiring		
<input type="checkbox"/> Handling disciplinary problems <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Writing Position Descriptions		
MAJOR DUTIES (BE SPECIFIC)		
EMPLOYER	CITY & STATE	YOUR TITLE
FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	WAGE (HOURLY OR SALARY)
AVERAGE HOURS WORKED PER WEEK	SUPERVISORS NAME	SUPERVISORS PHONE NUMBER
SUPERVISORY/LEADWORK: CHECK THE AREAS YOU WERE RESPONSIBLE FOR. <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or recommending Hiring		
<input type="checkbox"/> Handling disciplinary problems <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Writing Position Descriptions		
MAJOR DUTIES (BE SPECIFIC)		
EMPLOYER	CITY & STATE	YOUR TITLE
FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	WAGE (HOURLY OR SALARY)
AVERAGE HOURS WORKED PER WEEK	SUPERVISORS NAME	SUPERVISORS PHONE NUMBER
SUPERVISORY/LEADWORK: CHECK THE AREAS YOU WERE RESPONSIBLE FOR. <input type="checkbox"/> Assigning/Reviewing Work <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or recommending Hiring		
<input type="checkbox"/> Handling disciplinary problems <input type="checkbox"/> Responding to grievances <input type="checkbox"/> Writing Position Descriptions		
MAJOR DUTIES (BE SPECIFIC)		

I certify that all information given in this job application is true and complete to the best of my knowledge. I understand that any statement that is false, fraudulent or misleading may result in the rejection of my application, denial of employment, and dismissal from state service if discovered after employment.

SIGNATURE	DATE
-----------	------

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino ___

Not Hispanic or Latino ___

Race: (Mark one or more)

White ___ Black or African American ___

American Indian/Alaska Native ___ Asian ___

Native Hawaiian or Other Pacific Islander ___

Gender: Male ___ Female ___

You may mail this resume to:

Siouxland Energy & Livestock Cooperative
Attn: Jeff Larson
3890 Garfield Ave
Sioux Center, IA 51250

Or Fax:

712-722-4818

Follow Up Can Be Directed To:

Jeff Larson, Plant Manager
712-722-4904 Ext 201

Thank you for your interest in our company!