

APPLICATION FOR EMPLOYMENT

Date: _____ For what position are you applying? _____ Do you prefer: Full Part Time Work?

Last Name	First	Middle
Address (Number, City, State, Zip)		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide work permit)
Home Phone: _____ Email: _____		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof will be required upon employment)

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available for the work hours required of the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your vacations be arranged at the employer's convenience? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What interests you about working for SeSequential Biofuels?	
We are a drug and alcohol free workplace. Use of alcohol, tobacco products, or illegal substances is not acceptable on SeSequential property. <input type="checkbox"/> I acknowledge and will abide by these statements.	
Have you ever been convicted of a crime other than a traffic violation? If yes, please explain: (Note: A conviction does not necessarily bar employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to start?	
Salary requirements: \$ _____/hour \$ _____/day \$ _____/month	
Benefit requirements:	
Please check your availability to work: Days <input type="checkbox"/> Evenings <input type="checkbox"/> # of Days/wk _____ # of Hrs/wk _____ Hours from _____ to _____	
Circle the days of the week you will NOT be available to work: Mon Tue Wed Th Fri Sat Sun	

EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		

CERTIFICATES OR LICENSES

Type of License	Certificate / License #	Date earned	State in which issued	Current through (date)

EMPLOYMENT / WORK EXPERIENCE

List the last 5 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application—**do not substitute with a resume**. List present or most recent position first. Attach additional pages if needed.

Name of employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		

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Employed: From and To (Month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending	Last name at time of employment:
Describe your duties:		
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May we contact this employer? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		

SeSequential Biofuels

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Average # of hours worked per week:	Rate of Pay: Starting and Ending	Last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the business, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquiries and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the business with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

[] I hereby waive my right to receive a copy of any public record(s) obtained from the prospective employer checking references.

Applicant's signature: _____ Date: _____

Application forms will be retained for a period of 3 years.