



91246 390th Avenue

Phone: 507.793.0077 Heron Lake, MN 56137-0198

Fax: 507.793.0078

APPLICATION FOR EMPLOYMENT

Heron Lake BioEnergy is an equal opportunity employer. Specifically, all employment decisions are made without regard to an individual's race, color, religion, creed, sex, national origin, ancestry, age, marital status, citizenship, veteran or military status, disability status of qualified individuals, sexual orientation or other protected factors under applicable law. Consistent with this policy, reasonable accommodations in the application process for individuals with disabilities are available upon request. Applicants will not be penalized for requesting such accommodations.

NAME (FIRST, MIDDLE, LAST)			DATE	
IS THE NAME ABOVE YOUR LEGAL NAME? IF NOT, PLEASE GIVE LEGAL NAME				
ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	EVENING PHONE	MOBILE PHONE	EMAIL ADDRESS	
POSITION DESIRED		SALARY DESIRED	AVAILABLE START DATE	
Name of agency, person, publication, or other entity referring you.				
Have you previously applied for a position with Heron Lake BioEnergy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the position(s), location(s), interviewer(s), and the approximate date(s) of your application				
POSITION	LOCATION	DATE	INTERVIEWER	

GENERAL INFORMATION

Are you legally authorized to work in the United States regarding the positions for which you are applying? If you answer no, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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EDUCATION

	NAME AND ADDRESS	NUMBER OF YEARS COMPLETED	DEGREE/DIPLOMA
HIGH SCHOOL/ GED			
COLLEGE/ UNIVERSITY			
ADVANCED DEGREE			
TECHNICAL OR OTHER BUSINESS SCHOOL			
PROFESSIONAL CREDENTIALS	ORGANIZATIONS, LICENSES, CERTIFICATIONS, CERTIFICATES (You may exclude organizations that indicate a protected class)		

EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer. Please attach additional pages as necessary. Do not make reference to a separate resume.

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER	ADDRESS	
SUPERVISOR'S NAME	PHONE #	
POSITION	MAJOR RESPONSIBILITIES	
REASONS FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER	ADDRESS	
SUPERVISOR'S NAME	PHONE #	
POSITION	MAJOR RESPONSIBILITIES	
REASONS FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER	ADDRESS	
SUPERVISOR'S NAME	PHONE #	
POSITION	MAJOR RESPONSIBILITIES	
REASONS FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER	ADDRESS	
SUPERVISOR'S NAME	PHONE #	
POSITION	MAJOR RESPONSIBILITIES	
REASONS FOR LEAVING		
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	

PROFESSIONAL REFERENCES (OPTIONAL)

NAME	OCCUPATION PHONE	ORGANIZATION ADDRESS
NAME	OCCUPATION PHONE	ORGANIZATION ADDRESS
NAME	OCCUPATION PHONE	ORGANIZATION ADDRESS

OTHER TRAINING AND EXPERIENCE

Please use this space to describe any additional training, skills or experiences that are relevant to the position(s) you seek. Attach additional pages as necessary.

PLEASE REVIEW THIS APPLICATION FOR COMPLETENESS. THE APPLICATION MAY NOT BE PROCESSED IF ITEMS ARE LEFT BLANK.

I certify that all of the answers given and the information provided by me in this application are true and complete, and understand that any misrepresentation or omission may result in denial of employment or in discharge from employment at any time. During the application process and the period of my employment, I authorize HLBE to conduct investigations regarding my personal and employment history, including contacting anyone it deems appropriate to discuss my background, past performance, and suitability for employment. Further, I hereby authorize my former employers, schools, and any other individual or organization to provide such information, and I hereby release and discharge each of the above, including HLBE, from any liability associated with such inquiries. I understand that if employed, I will be required to provide proof that I have a legal right to work in the United States.

HLBC has adopted a Drug-Free Workplace Policy. As a job applicant you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, HLBC's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive result, a confirmatory test verifying that result must be performed.

The full Drug-Free Workplace Policy is available for review at Heron Lake BioEnergy, LLC, 91246 390th Avenue, Heron Lake, Minnesota 56137, during regular business hours. A job applicant receiving a conditional offer of employment will be given a full policy prior to testing.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term and may be terminated at any time with or without notice for any or no reason, not prohibited by law, by me or by HLBE. I further understand and agree that my "at will" employment status cannot be modified in any respect except in a written document executed by an authorized officer of HLBE. I understand that, if I am employed by HLBE, HLBE retains the right to search and inspect any of its property. I will return all of HLBE's property immediately upon any termination of my employment.

APPLICANT'S SIGNATURE

DATE