RAY-CARROLL COUNTY GRAIN GROWERS, INC. APPLICATION FOR EMPLOYMENT Resumes are not accepted in lieu of a completed application RAY-CARROLL FUELS, LLC Name (Last, First, Middle) Social Security Number E-Mail Address Home Telephone Number (Include Area Code) Mailing Address Cell Phone Number State Zip Code City Position Applied For Date Available for Work Type of Position for Which You Are Available (circle one) Full-Time Part-Time Seasonal What is your desired Salary Range? **Drivers License Number** State Have you ever been convicted of a law violation since age 16? Yes (Explain) No Have you ever been terminated from employment or asked to resign by an employer? Yes (Explain) Nο Have you any objection for us making inquiries of your present employer? Nο You will be required to direct deposit your paycheck. Will you accept this condition? Yes Nο Do you have any relatives employed with Ray-Carroll? If Yes, explain. SKILLS What office equipment can you opperate? List software at which you are proficient? **EDUCATION** Are you a High School Graduate or do you have an equivalency (GED) certificate? Yes Nο College Attended (Name and Address) COPY OF TRANSCRIPT MUST BE ATTACHED. CERTIFICATES/LICENSES #: APPLICATANT STATEMENT I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient caused to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. expressly authorize, without reservation, the employer, its representatives, employeesa or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this applicatoin, resume or job interview. I hereby waive any rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. l understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limitging or excusing any applicant from consideration for employment on a bisis prohibited by applicable local, state or federal law. l understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understant that I am free to resign at any time, with or without cause and without propr notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Signature of Applicant Date

REFERENCES Telephone #	
Name	Telephone #
EMPLOYMENT RECORD	
Describe in detail all positions that you have had during the last ten (10) years, starting with the mo	st recent employment. If more than one position or classifications has been held with a
given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.	
Dates Employed (Month and Year) From:	
To: Employer	Describe Duties of Job
Supervisor (Name and Title)	
Employer Address	
City, State and Zip	
Job Title Monthly Salary	
Reason for Leaving	
Dates Employed (Month and Year) From:	T
To:	Describe Duties of Job
Employer	
Supervisor (Name and Title)	
Employer Address	
City, State and Zip	
Job Title Monthly Salary	
Reason for Leaving	
<u>l</u>	
Dates Employed (Month and Year) From:	
To: Employer	Describe Duties of Job
Supervisor (Name and Title)	
Employer Address	
City, State and Zip	
Job Title Monthly Salary	
Reason for Leaving	
Dates Employed (Month and Year) From: To:	Describe Duties of Job
Employer	
Supervisor (Name and Title)	
Employer Address	
City, State and Zip	
Job Title Monthly Salary	
Reason for Leaving	
-	