

Employment application

*Carbon Green BioEnergy ("Company") means Carbon Green BioEnergy or any Division, Entity, or Subsidiary of Carbon Green BioEnergy.

Carbon Green BioEnergy, LLC is an equal opportunity employer. Carbon Green BioEnergy does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap, veteran status, or any other basis prohibited by federal or state law.

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PERSONAL INFORMATION DATE /							1					
Legal Name (Last)		t)	(First) (No Nicknames)			(Middle)			Email Address			
Home Address			City					State	State Zip			
Home Te	lephone				1 Phone			Work	`	(Contact you at Work?)		
()				()			()	□ Yes	s 🗆 No		
Position Applying For			(Location)					You are applying for (check all that apply)				
								☐ Full-time ☐ Part-time ☐ Temp. ☐ Seasonal				
	Days and Hours Available.											
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		Willing to Travel? If yes, what %?	\square Yes	□ No	
From			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						If yes, what %?		%	
To												
Date you	can star	t?			Но	urly Rat	e/Salary o	desired?				
Are you legally authorized to work in the U.S.? \Box Yes \Box No												
Do you have a valid driver's license? ☐ Yes ☐ No												
Are you at least 18 years of age? □ Yes □ No												
If No, do you have a current work permit?						\square Yes \square No						
Have you worked for Carbon Green BioEnergy before? □ Yes □ 1					□ No							
If Yes: F	rom _			to								
Position:							Superviso	or:				
EDUCATION												
Type of Name and Location				No. c	of Years	Degree/Area	GPA	Degree				
School				Att	ended	Of Study		Received				

Type of		Name and Location	No. of Years	Degree/Area	GPA	Degree
School			Attended	Of Study		Received
High	Name					
School						
	City	State				
College or	Name					
Technical						
	City	State				
Graduate	Name					
School						
	City	State				
Other (e.g.	Name					
GED)						
- 	City	State				Dov. 10/15

SPECIAL SKILLS/LICENSES

SKILLS Typing SpeedWPM Office machines I can operate: □ Fax □ Copier □ Calculator □ Switchboard □ Cash Register □ Multiple line phonelines □ Adding Machine 10 Key	
I am PC (Computer) literate Yes No Software I am proficient at: Word Excel Microsoft Outlook Power Point Desktop Publi Other	shing
I am experienced and can operate: □ Industrial forklift (Certified), □ Front-end loader □ Skid steer □ Farm tractor(s) □ Floatation sprayer □ ATV □ Other	
Indicate any other skills or training you have which will assist us in evaluating your qualifications with for which you are applying:	
Foreign Language Skill:	
Toleign Language Skin	
LICENSES or CERTIFICATES I have a commercial driver's license (CDL) If Yes, Class $\Box A \Box B \Box C$	□ Yes □ No
Endorsements: Hazmat Tanker StateExpiration Date/Other:	
□ Pesticide Applicator LIC. □ Certified Crop Adviser Cert. □ WI Tank Installer LIC. □ CET	P Propane Cert.
BACKGROUND	
Have you ever been convicted of a misdemeanor, or felony? If yes, please give the details.	□ Yes □ No
A yes answer does not automatically bar you from employment and is only considered as it relates to the specific are applying, or being considered for.	ic job for which you
Have you signed a non-compete or confidential agreement that is in effect and may prevent you from working freely for Carbon Green BioEnergy? \Box No	□ Yes
Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company names and details	□ Yes □ No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	□ Yes □ No
Are you related to any employee of Carbon Green BioEnergy or a member of its Board of Directors? No If yes, relationship	□ Yes □

EMPLOYMENT HISTORY

	List all employment, starting with your current Indicate your activity during any unempl		
٨			
A.	Name of Employer:Address:		
	Start Date;/	End Date;/	
	Start Pay: \$ per	End Pay: \$per	
	Job Duties:		
	Supervisor's Name and Title:		
	Reason for leaving or wanting to leave:		
	May we contact this employer?		□ Yes □ No
B.	Name of Employer:	Job Title:	
	Address:	Telephone Number/	/
	Start Date;/	End Date;/	/
	Start Pay: \$per	End Pay: \$per	
	Job Duties:		
	Supervisor's Name and Title:		
	Reason for leaving or wanting to leave:		
	May we contact this employer?		□ Yes □ No
C.	Name of Employer:	Job Title:	
	Address:	Telephone Number/_	
	Start Date;/	End Date;/	
	Start Pay: \$per	End Pay: \$per	
	Job Duties:		
	Supervisor's Name and Title:		
	Reason for leaving or wanting to leave:		
	May we contact this employer?		□ Yes □ No
D.	Name of Employer:	Job Title:	
	Address:		
	Start Date;/	End Date;/	/
	Start Pay: \$per	End Pay: \$per	
	Job Duties:		
	Supervisor's Name and Title:		
	Reason for leaving or wanting to leave:		
	May we contact this employer?		□ Yes □ No
WORI	K REFERENCES		
Three re	eferences who can verify your work experience, skills or oth	er characteristics related to the job j	for which you are applying.
#1 Nam	e:	Title:	
	Address:	Relationship to you:	
	Company:	Telephone Number: ()	
#2 Nam	e:	Title:	
	Address:	Relationship to you:	
	Company:	Telephone Number: ()	
#3 Nam	e:	Title:	
	Address:	Relationship to you:	
	Company:	Telephone Number: ()	

How did you hear about this employment opportunity? ☐ United Cooperative Website: www.cgbioenergy.com ☐ Craig's List □ Newspaper – If yes, which one? ☐ Other – If yes, please explain._ Referral to the company. Did someone at the company refer you to this job? \square Yes, ____ CERTIFICATION AND TERMS I certify that all of the information I have given in completing this application is true and complete. I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I further understand that the Company may refuse employment or discharge me during employment if I have given false or misleading information or omissions in this application. In signing this application, I give my permission to the Company to perform an investigation either by direct or indirect means that may involve all or some of the following: previous employment, education, credit record, driving record, criminal history, and skill verification. I further authorize any individual, previous employer, institution, or company to provide such information and release such party(s) including the Company from any and all liability that might otherwise be incurred in furnishing such information, subject to federal and state law. If a credit report is requested and information on that report is used by the Company, which adversely affects you, the Company will furnish you with a copy of that report and your rights under the "Fair Credit Reporting Act." I understand and agree that if employed, the employment will be "at will". I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Company, However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I further understand that receipt of this application by the Company does not imply employment nor is this application a contract of employment. I understand that no Company representative has the authority to alter the "at will" nature of this employment absent written authorization of the President and C.E.O. I further understand that if employed, I may be required to voluntarily submit to a drug test as directed by the Company for any of the following; (a) a drug/alcohol screening after hire but before starting work, (b) a random drug/alcohol test legally required in your job, e.g. DOT, (c) a random drug/alcohol test as required by the Company, (d) a drug/alcohol test after involvement in an "on the job" industrial or vehicular accident, (e) a drug/alcohol test after an occurrence of "probable cause". If I refuse to take a drug/alcohol test, I understand that an offer of employment may be withdrawn or my employment terminated by the Company. This application is valid only for 30 days from the date signed/dated above. Consideration for employment after 30 days requires a new application. I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I also agree to and understand the above Certification and Terms. **SIGNATURE**

Please Print Your Name