



APPLICATION FOR EMPLOYMENT - AURORA WEST LLC

Form Revised 07-2008
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**Please Print and Fill Out Completely Using Ink. Do not use "Refer to Resume"
A Resume may be attached to supplement this application.**

PERSONAL INFORMATION						
Name: LAST			FIRST		MIDDLE	Today's Date:
Present Address: STREET CITY STATE ZIP						
Telephone: AREA CODE			Cell Phone:			
E-Mail Address:			Social Security Number:			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you age 18 or over <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Indicate Name and Relationship of Relatives Employed by Aventine:						
Position(s) Applied For:						
(1)				(2)		Date Available For Employment:
Employment Interests: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer or Temporary			Are You Available For Shift Work?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING							
Check Highest Grade Completed		HIGH SCHOOL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		COLLEGE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		GRADUATE SCHOOL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Name of School Location (City and State)	Did You Graduate?	YEAR	Number of Hours Completed?		Type of Certificate or Degree Rec'd.	Grade / G.P.A.	
			Major	Minor			
High School / GED	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Jr. College	Yes <input type="checkbox"/> No <input type="checkbox"/>						
College / University	Yes <input type="checkbox"/> No <input type="checkbox"/>						
College / University	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Business	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Tech / Trade / Military/ Other	Yes <input type="checkbox"/> No <input type="checkbox"/>						
SPECIAL SKILLS							
Office Skills- Typing (W.P.M.)				Computer Skills / Other Office Skills:			

REFERRAL SOURCE

- Walk In
 Advertisement
 Non-Employee
 Internet
 Other
 Company Employee Name(s)
 Organization / Agency

NOTE FOR REFERENCES: (Please verify phone number for accuracy.)

Please list four persons (other than relatives) who have known you for at least one year and who are qualified to evaluate your professional abilities

Name	Organization Email Address	
Occupation	Address Zip	Phone

Name	Organization Email Address	
Occupation	Address Zip	Phone

Name	Organization Email Address	
Occupation	Address Zip	Phone

Name	Organization Email Address	
Occupation	Address Zip	Phone

OTHER INFORMATION

Do you have a valid drivers license?

(Only required if duties require driving.) YES NO

Have you ever been convicted of a felony?

If Yes, please give details of each felony: (What, where, when, and disposition)

YES NO

(A conviction will not necessarily disqualify applicant from consideration)

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

YES NO

I certify that the information provided on this application for employment is true and complete to the best of my knowledge and understand that false information or significant omission of facts may disqualify me from further consideration for employment or may result in termination if discovered at a later date. I hereby give my permission to the Company, or its agent, to verify, at any time, information pertaining to my application for employment, including, but not limited to, felony, credit, and driving records, and authorize persons, schools, current and previous employers and organizations to confidentially provide pertinent information which may be requested. In the event of my employment, I acknowledge that it may be necessary for the Company to conduct workplace investigations and obtain consumer reports or investigative consumer reports during my employment, and I hereby consent to the same. I agree in the event and in consideration of my employment, to conform to all procedures and policies of the Company. I understand that in the event I am employed by Company, any employment is at will and can be terminated for any or no reason at any time at the discretion of either the Company or myself. I understand that no express or implied promise or guarantee to the contrary with regard to duration or terms of employment, wages or benefits is binding upon the Company unless made in writing and duly executed by the Company's President and is clearly and specifically identified as an employment contract or employment agreement.

I fully understand that my refusal to either sign this form or submit to and cooperate in any drug testing shall eliminate me from consideration for employment with Company.

Signature of Applicant _____ Date _____

In accordance with the Immigration Reform and Control Act of 1986, the Company hires only United States Citizens and aliens lawfully authorized to work in the United States.

All new employees hired after June 1, 1987 are required to complete and sign any forms designated by the Immigration Naturalization Service and to provide supporting documentation to certify eligibility for employment.

APPLICANT DATA RECORD

Qualified applicants are considered for employment, and employees are treated during employment without regard to any status protected by law including, race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. The Company complies with applicable government regulations and affirmative action responsibilities.

Applicants are requested to complete this form solely to help us comply with government record keeping, reporting and other legal requirements.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Completion of the Applicant Data Record is completely optional. If you choose not to provide the information requested, it will not impact any employment decision. We appreciate your cooperation.

(PLEASE PRINT)

Date _____

Position(s) applied For: _____

Referral Source: Walk In Advertisement
 Non-Employee Other Internet

Company Employee Name(s) _____

Organization / Agency _____

NAME: _____

ADDRESS: _____
Number Street
City State Zip

PHONE: (_____) _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

PLEASE CHECK ONE BESIDE EACH CATEGORY (If Applicable):

SEX: Male Female

RACE / Ethnic Group: White Black / African American Hispanic / Latino
 American Indian / Alaskan Native Pacific Islander / Native Hawaiian / Other
 Asian

VETERAN / DISABILITY Vietnam Era Veteran
 Disabled Veteran