



APPLICATION FOR EMPLOYMENT - MT VERNON 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.?						Are you age 18 or over	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<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		COLLEGE		GRADUATE SCHOOL			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	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.		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		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:					

EMPLOYMENT HISTORY

List Present or Most Recent Employer FIRST. *(This Section Must Be Completed)*

Name of Employer		Dates of Employment (Mo./Yr.) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State		Zip
Phone Number of Employer		Salary Starting per Current/Final per		Reason For Leaving	
Job Title and Description of Duties					
				May we contact <input type="checkbox"/> YES this employer <input type="checkbox"/> NO	
Name of Employer		Dates of Employment (Mo./Yr.) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State		Zip
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Name of Employer		Dates of Employment (Mo./Yr.) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State		Zip
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Name of Employer		Dates of Employment (Mo./Yr.) From To		Name/Title of Immediate Supervisor	
Address of Employer					
Street		City	State		Zip
Phone Number of Employer		Salary Starting per /Final per		Reason For Leaving	
Job Title and Description of Duties					
Please account for any periods of unemployment within the last 10 years				Dates of Unemployment (Mo./Yr.)	
				From To	

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.

