

## MARKIT COUNTY GRAIN, LLC EMPLOYMENT APPLICATION

"An Equal Opportunity Employer"

Markit County Grain, LLC ● 36200 330th Street NW ● Argyle, MN 56713

Do not answer questions, which may be contrary to existing laws or regulations.

Application Date:						
Position Desired:						
Name (Last, First, Mido	dle):					
Present Address:						
City, State, Zip:						
Permanent Address:						
If different from above						
City, State, Zip: If different from above						
Present Phone: ( )				Business Pl	none/Ext.: ( )	
Alternate Phone: (	)			Email Addr		
7	<i>1</i>		Fduc	ation		
Check Last Grade Com	pleted: 09	<u> </u>		Degree= (	Associate ()Bachelo	r ()Master's ()PhD)
Do you have a High Sch	·			es	No	· Omaster's Orma
, ,			have atten	ded. dates a	attended, degrees rece	ived.
grade point, and your		-			_	•
School Name	School I	·   · · · · · · · · · · · · · · · · · ·		Study/Major	Grade Point Average	
				ses and Cer		
		iter any licen			ve to the position you are	1
License/Certificate		Type	State	Issued	Date Issued	Date Expires

	Foreign Languages					
Please list any foreign languages in which you are proficient AND which you would be willing to use on the job:						
Foreign Language	Read	Write	Speak			
	○Yes ○No	○Yes ○No	○Yes ○No			
	○Yes ○No	○Yes ○No	○Yes ○No			
	Work History		<u> </u>			
Start	with most recent emp	oloyer.				
	ō:	Position Title:				
Name of Company:		Phone Number: ( )				
Address:						
Duties and Responsibilities:						
Reason for Leaving:		Supervisor Name:				
May we contact the Supervisor? Yes	○ No	Supervisor Title:				
	ually / Hourly	Bonuses:				
	ually / Hourly	Incentives:				
Linding. 9 Aim	ually / Hourry	incentives.				
Employment Dates: From: T	- o:	Position Title:				
Name of Company:	0.	Phone Number: ( )				
Address:		Thore Number: ( )				
Duties and Responsibilities:						
buttes and nesponsibilities.						
Reason for Leaving:		Supervisor Name:				
May we contact the Supervisor? Yes	○ No	Supervisor Title:				
	ually / Hourly	Bonuses:				
Ending: \$ Annu	ually / Hourly	Incentives:				

	Start with most recent	employer.
Employment Dates: From:	То:	Position Title:
Name of Company:		Phone Number: ( )
Address:		
Duties and Responsibilities:		
Reason for Leaving:		Supervisor Name:
May we contact the Supervisor?		Supervisor Title:
Starting Salary: \$	Annually / Hourly	Bonuses:
Ending: \$	Annually / Hourly	Incentives:
Employment Dates: From:	То:	Position Title:
Name of Company:		Phone Number: ( )
Address:		
Duties and Responsibilities:		
Reason for Leaving:		Supervisor Name:
May we contact the Supervisor?	○ Yes ○ No	Supervisor Title:
Starting Salary: \$	Annually / Hourly	Bonuses:
Ending: \$	Annually / Hourly	Incentives:
	Please attach additional she	eet if necessary

		Related (	Questior	ıs			
Are you able to submit	verification	of your right to work i	n the Un	ited Sates ii	n the		
event an offer of employment is made to you?							
					Yes	○ No	
Proof of your right to work in the United States will be required as a condition of							
employment in the eve	nt you are o	offered a position.					
Are you seeking: (chec	k the appro	priate box)					
Full Time	$\bigcirc$	Part Time	$\bigcirc$		Full or Part	Time (	
			$\circ$				
Minimum Salary Exped	ted: \$						
		r made a promise not t	o solicit t	he custome	ers of		
any former employer?	5. ccment o	i made a promise not t	0 0011010			O Yes	○ No
	greement n	ot to disclose informati	on obtai	ned while			
	_	ther employer? (i.e. tra				O Yes	○ No
employed by or working	18 101 4117 0	iner employer: (her tra	<u>ue seci e</u>	,			
Have you ever been co	nvicted of a	ny felonies for which t	he recor	has not be	en		
		licated? If yes, Please of		1105 1106 50			
Judicially expanged, se	aica or crac	neateur ii yes, i iease c	zxpiuiii.			O Yes	○ No
(Criminal convictions w	uill not he ar	n absolute bar to emplo	ument u	ith this com	nany )		
Criminal convictions w	ill flot be al	i absolute bal to elliplo	yiiiciic vv	itii tiiis toii	ipany.)		
If necessary will yo	u work?	<b>○</b> Overtime	○ Shi	ft work	○ Saturdays	○ Sund	lavs
Check all that ap		•	_		Shifts, 1st, 2nd, 3rd	_	•
Date you anticipate ma	-			3,	, , ,		
Date you would be ava	_			Are vou	under 18 years	of age?()	Yes (No
Would you be willing t		_	Location	Preferred?			<u> </u>
Are you able to travel						No	
		Toquir ou u y u u o pour					
What are your qualific	ations						
and/or training for the							
of work you are applying for?							
or work you are apply!	ιοι wοικ γου αιε αρριγιία ιοι:						
How did you hear abou		rtunity?					
Thow are you ficer abou	if this onno						
	at this oppo	,					
Type of Work?	it this oppo	,	Location	17			
Type of Work?	• •		Location		ecall? O Yes	○ No	
· ·	• •	us from another emplo	yer and		ecall? Yes	○ No	
Are you currently on "	ay-off" stat	us from another emplo Refer	yer and s ences	subject to re		Ü	
Are you currently on "  List three persons to w	ay-off" stat	us from another emplo Refer e not related who are q	yer and s ences ualified s	subject to re		Ü	
Are you currently on "  List three persons to w	ay-off" stat	us from another emplo Refer	yer and s ences ualified s	subject to re		Ü	Vears
Are you currently on "  List three persons to w	ay-off" stat hom you ard	us from another emplo Refer e not related who are q	yer and sences ualified to	subject to re		apabilities.	Years Known
Are you currently on "  List three persons to w  You should refer to acc	ay-off" stat hom you ard	us from another emplo Refer e not related who are q essional or business rej	yer and sences ualified to	subject to re so judge you only.	ur training or co	apabilities.	Years Known
Are you currently on "  List three persons to w  You should refer to acc	ay-off" stat hom you ard	us from another emplo Refer e not related who are q essional or business rej	yer and sences ualified to	subject to re so judge you only.	ur training or co	apabilities.	

## Information Acknowledgement

## PLEASE READ BEFORE SUBMITTING YOUR APPLICATION

I understand that false or misleading statements in this application will be sufficient cause for dismissal if employed by Markit County Grain, LLC. I authorize investigation of all matters contained in this form, including authority to request a college transcipt, and agree that if, in judgement of the company, any misrepresentation has been made by me herein or the results of such investigations are not satisfactory to the company, any offer of employment made by the company may be withdrawn. If employed by the company, my employment may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered.

I understand and agree that unless otherwise specifically stated in writing and confirmed by the Human Resources Department of the Company, any employment granted to me by the Company is at will and for an indefinite term and that such employment may be terminated at any time either by me or by the Company for any or no reason whatsoever, unless the terms of my employment are otherwise governed by a collective bargaining agreement.

to all the statements.	○ Yes	○ No

Signature:

I have carefully read the above Information Acknowledgement and I understand and agree

Date: \_\_\_\_\_