



Nebraska Corn Processing, LLC®

107 Potter Street ♦ Cambridge, NE 69022
(308) 697-3760 ♦ Fax: (308) 697-3587
www.ncpllc.com

Application for Employment

Application must be completed even if submitting a résumé.

Personal Information

Date _____ Name _____

Current address _____ City _____ State _____ Zip _____

Previous address (if less than 3 years at current) _____ City _____ State _____ Zip _____

Home phone # _____ Cell # _____

Are you legally qualified to work in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation)? Yes No (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) If yes, briefly explain _____

Are you at least 21 years of age? Yes No (If not, you may be required to provide authorization to work.)

How did you hear about us? _____ Referred by _____

Position applied for _____ Date available for work _____

Can you perform the essential functions of the position for which you are applying? Yes No (If you have any question as to what functions are applicable, please ask interviewer.) If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

Rate of pay desired _____ Hours desired Full-time Part-time Temporary

Have you worked for NCP, LLC® before? Yes No If yes, when? _____

Education

	Name and Location	Last Year Attended	Subject/Major	Did You Graduate?
High School		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Provide 10 years of employment history (add another sheet if needed).

Current or last employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time Part-time

Contact person _____ Phone # _____ Fax # _____

Reason for leaving _____ May we contact? Yes No

While employed, were you subject to FMCSA Regulations? Yes No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No
Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
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Address _____ City _____ State _____ Zip _____
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Address _____ City _____ State _____ Zip _____
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Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Explain any gaps in work history _____

Have you been discharged or asked to resign from a job? Yes No If yes, explain _____
Revised 6-30-2011

List any other experience, skills, or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment _____

State any other information you feel may be helpful to us in considering your application _____

Commercial Driver’s License Information
Driver’s Licenses held in the last three (3) years

Driver’s license # _____ Class (A, B, C) _____ Endorsements _____ Issuing state _____

Driver’s license # _____ Class (A, B, C) _____ Endorsements _____ Issuing state _____

Driver’s license # _____ Class (A, B, C) _____ Endorsements _____ Issuing state _____

Expiration date _____ Date of birth (required for CDL Drivers) _____ Social security # _____

Years of driving experience _____ Do you have full knowledge of FMCSA Regulations? Yes No

In the last 3 years have you 1) tested positive or 2) refused to test for any pre-employment drug or alcohol test administered by an employer that you applied to, but did not obtain safety-sensitive transportation work? Yes No

List all traffic violations in the past 3 years that resulted in a conviction or a guilty plea (other than parking violations) _____

How many accidents have you had in the last 3 years? _____ Who’s fault? Mine Other driver(s)

Briefly describe _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain _____

List your driving experience in the table below.

Class of Equipment	Type of Equipment	Dates		Approximate Number of Miles
	(Van, Tank, Flat, Etc.)	From	To	(Total)
Straight Truck				
Tractor and Semi Trailer				
Tractor and Dump Trailer				
Tractor and Two Trailers				
Motor Coach—School Bus				
Other (List):				

Personal References

List three individuals not related to you and not previously listed whom you have known for at least one year. We will assume we have permission to contact them unless you indicate to the contrary.

Name	Address	Telephone	Occupation

Applicant's Certification and Agreement

Please read carefully before signing.

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes. I understand that if I am applying for a CDL driving position the information in this application will be used in determining experience and qualifications and prior employers will be contacted for the purpose of investigation as required by 391.23 of the Federal Motor Safety Regulations.

By signing the release below, I hereby authorize Nebraska Corn Processing, LLC and/or its agents to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Nebraska Corn Processing, LLC or its agents. I release employers and other persons named herein from all liability for any damages on account of furnishing such information.

I understand that I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and a drug test. I understand that the Company requires the successful completion of a drug test as a condition of employment. By submitting this Application for Employment, I hereby consent to the scope, nature and type of physical examination and drug testing at the Company's discretion and the disclosure of the test results to the designated Human Resource Representative(s) or Business Agents.

I hereby certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of seeking employment and the facts set forth in the above employment application are true and complete to the best of my knowledge. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

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 understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of applicant _____ **Date** _____

Nebraska Corn Processing, LLC is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.



IMPORTANT NOTICE

**REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Nebraska Corn Processing, LLC, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If Nebraska Corn Processing, LLC uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, Nebraska Corn Processing, LLC will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, Nebraska Corn Processing, LLC will notify you that the action has been taken and that the background report was the reason for the action. Nebraska Corn Processing, LLC cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that Nebraska Corn Processing, LLC may obtain such background reports, please read the following and sign below:

I authorize Nebraska Corn Processing, LLC to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Nebraska Corn Processing, LLC might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Nebraska Corn Processing, LLC. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Nebraska Corn Processing, LLC consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Nebraska Corn Processing, LLC or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Nebraska Corn Processing, LLC or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Nebraska Corn Processing, LLC and I understand that if I sign this consent form, Nebraska Corn Processing, LLC and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and /or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Nebraska Corn Processing, LLC and its employees, agents and affiliates to obtain the information authorized above.

Date:

Signature

Name (Please Print)



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Nebraska Corn Processing, LLC</u>
Company Contact Name:	<u>Mike Hotchkiss</u>
Fax #:	<u>(308) 697 - 3983</u>
HireRight Account Code:	<u>NEBRASK</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Request for Information from Previous Employer

I hereby authorize you to release the following information to Nebraska Corn Processing, LLC for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

_____ Date

_____ Applicant's signature

Past Employment Information

Company name _____ Applicant's name _____

Social Security # _____ Employment dates _____ to _____ Position held _____

What did he/she operate? Straight truck Tractor/trailer Tractor/dump trailer Other _____

Type of driving Local Over-the-road Was he/she a safe and efficient driver? Yes No

Did he/she have any accidents while working for you? Yes No If yes, describe briefly _____

Reason for leaving employer? Discharged Resignation Layoff Other _____

Was his/her conduct satisfactory? Yes No If no, please explain _____

Did he/she get along with co-workers? Yes No With supervisors? Yes No

Did this driver have log problems? Yes No Late deliveries? Yes No

Would you rehire this driver? Yes No Upon review If no, why not? _____

While employed, was he/she subject to FMCSA Regulations? Yes No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Past Drug/Alcohol Results

1. Has this person tested positive for a controlled substance in the last three years? Yes No
2. Has he/she had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years? Yes No
3. Has he/she refused a required drug or alcohol test in the last three years (including verified adulterated or substituted drug test results)? Yes No
4. Has he/she violated any other DOT drug/alcohol regulation? Yes No
5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations? Yes No If yes, see below

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name _____ Phone _____

Regulation violated _____

Signature _____ Print name _____

Title _____ Date _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department Of Transportation's regulations and may result in a fine and/or civil liability.



Nebraska Corn Processing, LLC

Voluntary Self-Identification

(Confidential — For Statistical Use Only)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for equal employment opportunity record keeping. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This information will be maintained separate from your application for employment.

Date: _____ Position Applied For: _____

Name: _____

Sex: Male Female

Ethnic Group

Please check the description with which you most identify.

- American Indian or Alaskan Native** — A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** — A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (White Race)** — A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
- Hispanic or Latino (All Other Races)** — A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.
- Native Hawaiian or Other Pacific Islander** — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** — A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- Two or More Races** — All persons who identify with more than one of the above races.

NCP, LLC IS AN EQUAL OPPORTUNITY EMPLOYER