



POSITION APPLIED FOR _____ DATE _____

Please Print in Ink

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle Initial)

Address _____

Previous Address _____

Telephone No _____ Business No _____

Soc. Sec. No. _____ Are you legally eligible to work in the United States? ___ Yes ___ No

(The Immigration Reform and Control Act of 1986 requires that all applicants provide evidence of identity and eligibility to work prior to employment)

AVAILABILITY

Available Start Date _____ Salary Range _____

Category Preferred ___ Full Time ___ Part Time ___ Temporary

Available Schedule ___ Weekdays ___ Weekends ___ Evenings ___ Nights ___ Overtime ___ Shift

SECURITY

List states and countries of residence for the past seven years _____

Have you used any names or S.S. numbers other than those on this page? ___ Yes ___ No
(If so, please list them under "Additional Information" section)

Have you been **convicted** of a felony? ___ Yes ___ No
(A conviction record will not necessarily be a bar to employment; various factors will be taken into consideration.)

If so, please explain _____

EDUCATION/TRAINING

High School _____
City/State _____ Graduate? _____ Degree? _____

College/Univ _____
City/State _____ Graduate? _____ Degree? _____

Graduate _____
City/State _____ Graduate? _____ Degree? _____

Other _____
City/State _____ Graduate? _____ Degree? _____

Academic Average (2.58/4.0) High School _____ College _____ Graduate School _____

Main area of courses taken _____

Positions of leadership held _____

Honors, awards received, including scholarships _____

Professional and Community memberships and offices held (omit those which indicate race, religion, or national origin)

JOB RELATED SKILLS

(Do not fill out any part of this section you believe to be non-job related.)

If the job requires, do you have the appropriate valid drivers license? ___ Yes ___ No

DL# _____ Type _____ State of Issue _____

Have you had any moving violations? Please describe _____

Have you been given a job description? ___ Yes ___ No

Do you understand the requirements for this job? ___ Yes ___ No

What types of office equipment can you operate? _____

Are you fluent in any other languages? ___ Yes ___ No

If so, please explain _____

REFERENCES

(Include only individuals familiar with your work ability. Do not include relatives.)

Name Address/Phone Yrs. Known/Relationship

Name Address/Phone Yrs. Known/Relationship

ADDITIONAL INFORMATION

In order to comply with various legal requirements, it is necessary for the following statements to appear on this application. Please read these statements carefully before affixing your signature.

I declare and affirm under penalty perjury that I am eligible to be employed in the United States.

If employed by Renewable Energy Group, Inc., I understand and agree that the employment relationship will not be for any specific time period and may be terminated at the will of either myself or the Company.

I understand that as a condition of employment, I may be required to submit to a pre-employment drug/alcohol test per Part 382 of the Omnibus Transportation Employee Testing Act of 1991. This Act requires employers to test all CDL licensed drivers for the illegal use of alcohol and controlled substances.

I authorize Renewable Energy Group, Inc. to investigate all statements in this application and to contact all employers and references. I understand that false or misleading statements in this application will be sufficient cause for termination of consideration or for dismissal if already employed.

Signature Date



Voluntary Applicant Survey

Renewable Energy Group, Inc. is committed to the principles of Equal Employment opportunity. In order to monitor our EEO efforts and to comply with government record keeping, reporting and other legal requirements, we need to collect information from our job applicants. Completion of this self-identification form is voluntary. You will not be subjected to any adverse treatment if you do or do not provide the information requested. We would, however, appreciate your response. The form will be removed from your application materials upon receipt and will be kept confidential.

Name: _____		
Last	First	Middle Initial
Position For Which You Are Applying: _____		
Referral Source:		
_____ REG Employee	_____ Journal/Newspaper Ad: _____	
_____ Friend/Relative	_____ Job Posting Located At: _____	
_____ Walk-in	_____ Other: _____	

1. Sex: _____ Male _____ Female

2. Race:

- _____ AMERICAN INDIAN/ALASKAN NATIVE: Origins in North America, to include Alaska
- _____ ASIAN: Origins in Far East, Southeast Asia, or India (i.e., Cambodia, China, Japan, India, Korea, etc.)
- _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: Origins in Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ BLACK OR AFRICAN AMERICAN: Origins in Africa
- _____ HISPANIC OR LATINO: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- _____ WHITE: Origins in Europe, North Africa, or the Middle East
- _____ TWO OR MORE RACES: A combination of any of the above.