



GEORGIA BIOMASS LLC

APPLICATION FOR EMPLOYMENT

(THIS APPLICATION IS TO BE ACTIVE FOR A PERIOD OF 90 DAYS ONLY)

INSTRUCTIONS: This form has been designed especially to help you. Please read and answer all questions fully. Georgia Biomass LLC is an **EQUAL OPPORTUNITY EMPLOYER**. It is the policy of GBM to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other reason prohibited by law. Completion of this form places you under no obligation. It will permit us to review your record and give it careful consideration. The more we know about your interests, background and ambitions, the better we can train and supervise you to help put your abilities to the most productive use for our mutual benefit. All information supplied by you will be treated as personal and will be kept confidential. Receipt of this application by the employer does not constitute a contract to hire nor is there a contract implied.

DATE: _____

POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE NICKNAME

CURRENT ADDRESS: _____
STREET CITY STATE ZIP CODE

SOCIAL SECURITY NO. _____ **PHONE NO. ()** _____

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP CODE

- Date you can begin work _____
- Have you ever been employed by this Company? _____ () YES () NO
- Are you at least 18 years old? _____ () YES () NO
- Will you work overtime, to include weekends, whenever scheduled or requested? _____ () YES () NO
- Will you accept part-time or temporary work? _____ () YES () NO
- Do you meet the qualifications for and have the ability to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? _____ () YES () NO
- Do you have adequate means of transportation to get to work on time each day when called in on short notice? _____ () YES () NO
- Have you ever been convicted of or pleaded guilty to any criminal felony offense within the past seven years? _____ () YES () NO
- Have you been released from confinement following a conviction for any criminal felony offense within the past seven years? _____ () YES () NO
- Are you presently charged with any felony violations of law? _____ () YES () NO

If your response to any of the preceding three questions was "YES", give the date, place, and nature of each such conviction or pending charge below. The existence of a conviction or pending charge will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release of confinement, will all be considered.

EMPLOYMENT HISTORY

Please list the names and address of ALL previous employers (starting with the most recent) for whom you have worked during the last five years. Explain at the bottom of this page any lapses between employment.

1. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

2. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

3. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

4. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

5. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

6. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

7. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

8. NAME _____ ADDRESS _____
PHONE _____ DATES: FROM _____ TO _____
JOB TITLE _____ ENDING SALARY \$ _____
SUPERVISOR'S NAME _____ PHONE _____
REASON FOR LEAVING _____

EDUCATIONAL AND TRAINING BACKGROUND

EDUCATION:

HIGH SCHOOL NAME _____ GRADUATE? YES NO
LOCATION _____ IF NOT, INDICATE GRADE COMPLETED _____
COURSE OR MAJOR _____

COLLEGE NAME _____ GRADUATE? YES NO
LOCATION _____ IF NOT, INDICATE LEVEL COMPLETED _____
COURSE OR MAJOR _____

COLLEGE NAME _____ GRADUATE? YES NO
LOCATION _____ IF NOT, INDICATE LEVEL COMPLETED _____
COURSE OR MAJOR _____

POST GRADUATE NAME _____ GRADUATE? YES NO
LOCATION _____ IF NOT, INDICATE LEVEL COMPLETED _____
COURSE OR MAJOR _____

OTHER (SPECIAL, TECHNICAL, TRADE, VO-TECH, ETC.)

NAME _____ GRADUATE? YES NO
LOCATION _____ IF NOT, INDICATE LEVEL COMPLETED _____
COURSE OR MAJOR _____

MILITARY SERVICE RECORD:

HAVE YOU SERVED IN THE ARMED FORCES? YES NO BRANCH _____
SERVICE DATES: FROM _____ TO _____
RANK AT DISCHARGE: _____ OCCUPATION: _____
SPECIAL MILITARY TRAINING OR EXPERIENCES: _____

CERTIFICATIONS, SPECIAL TRAINING AND EXPERIENCE:

YEARS/MONTHS AREA (E.g., Welding, Front-end loader, Computer applications, etc) _____

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GEORGIA BIOMASS LLC

Please read the following paragraphs carefully:

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If the Company hires me, and if the Company discovers at any time during my employment that any of the statements or answers on this application is false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination that may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol or drugs. I further understand that I may be required to submit to a test for the use of illegal drugs at any time as permitted by law.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between the Company and me. If the Company hires me, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or by me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs as permitted by any applicable laws. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligations to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application that the Company believes is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record. I further give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Date

Signature

Social Security Number

Printed Name