

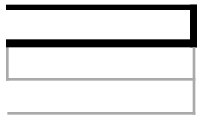


# Wyoming Sugar Company LLC

<b>P E R S O N A L</b>	Last Name		First	Middle	Date	
	Street Address				Home Phone	
	City, State, Zip				Business Phone	
	Position Desired				Social Security No.	
Are you at least 18 years of Age?		Have you ever been convicted of a felony		Pay Expected		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Will you work overtime if asked?		If yes above, please explain _____			When can you work:	
Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>				What type of driver's license have?		
If employment is offered, proof of eligibility for employment will be required.						
Do you have relatives working for our organization? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Name		Relationship				
<b>E D U C A T I O N</b>	School	Name and Location of School		Course of	No. Years	Did You
		(City & State)		Study	Completed	Graduate?
	High					
	College					
	Post Grad					
Technical						
Other special skills, professional training or professional licenses.					Typing _____	
					Shorthand _____	
Craft Experience		Yrs experience		Office machines operated:		
				PC Software Used:		
Complete this section if you served in the U.S. Armed Forces				Branch of Service _____		
Describe your duties and any special training _____				Period of active duty (month)		
				From _____ To _____		
				Rank at discharge: _____		

										Date of discharge: _____
300 South 1st, P.O. Box 468, Worland, WY 82401										





## EMPLOYMENT HISTORY

We may contact the employers listed below unless you indicate those you do not want us to contact.		<b>DO NOT CONTACT</b>
		Employer No. _____
		Reason _____
<b>1</b>	Company Name _____	Telephone No. _____
	Address: Street, City and State _____	Period of Employment From _____ To _____
	Name of Supervisor _____	Pay (circle one) Hour Week Start _____ Last _____
	State job title and describe your work _____ _____	Reason for leaving _____
<b>2</b>	Company Name _____	Telephone No. _____
	Address: Street, City and State _____	Period of Employment From _____ To _____
	Name of Supervisor _____	Pay (circle one) Hour Week Start _____ Last _____
	State job title and describe your work _____ _____	Reason for leaving _____
<b>3</b>	Company Name _____	Telephone No. _____
	Address: Street, City and State _____	Period of Employment From _____ To _____
	Name of Supervisor _____	Pay (circle one) Hour Week Start _____ Last _____
	State job title and describe your work _____ _____	Reason for leaving _____
<b>4</b>	Company Name _____	Telephone No. _____
	Address: Street, City and State _____	Period of Employment From _____ To _____
	Name of Supervisor _____	Pay (circle one) Hour Week Start _____ Last _____
	State job title and describe your work _____ _____	Reason for leaving _____
Our Company abides by employment at-will; which permits the company or the employee to terminate the employment relationship at any time, for any reason, with or without notice. Neither this application nor any other written or verbal communication is intended to create a contract of employment for any specified period of time or a warranty of benefits.		
<b>READ CAREFULLY BEFORE SIGNING:</b> I certify that all statements made in this application are true and complete.		

	I understand that any misrepresentation may result in my disqualification or dismissal.						
	<b>Signature</b>					<b>Date</b>	