

Pacific Ethanol, Inc.

Employment Application

An Equal Employment Opportunity Employer

We do not discriminate on the basis of race, color, national origin, sex, gender, marital status, disability, age, religion, veteran status or any other reason

NAME (Last) (First) (Middle) Date of Application

Is any additional information relative to a change of name, use of an assumed name or a nickname necessary to enable a check of your background or references Yes No If yes, what names will we need?

Present Address (Street # - P.O. Box) (City) (State) (Zip)

Phone Number () Cell Number ()

Are you under 18 years of age? Yes No
If yes, can you provide a copy of a work permit if hired? Yes No

Position Desired:

Salary/Wage Desired

What days and hours are you available for work? _____

Are you available to work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

(We comply with ADA and CA disability requirements, and provide reasonable accommodations for qualified persons with a disability to perform the essential functions of the job. A medical examination may be required.)

Do you have any friends or relatives in our employment? If yes, who and what is the relationship?

1. _____

2. _____

Date you are available for employment?

Can you, after hire, submit verification of your eligibility to work in the United States?

Yes No

Are you employed now? Yes No

If yes, may we check references with your present employer? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor?)

Yes No (Note: a conviction will not necessarily disqualify an applicant for employment. Each Instance will be considered in relation to the position for which you are applying.)

If you have been convicted, please state nature of the crime(s), when and where convicted and disposition of the case(s). (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

List your educational information below:

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
Graduate					
College					
Business /Trade/Technical					
High School					

Do you have any other experience, training, qualifications or skills which, you feel make you especially suited for this position? If so, please explain. _____

Are you licensed or certified for the job you are applying for? Yes No

Name of the license _____ Issuing state _____ License/certification number _____

Have you obtained any special skills or abilities as the result of service in the military?

Yes No

If so, describe: _____

List below all present and past employment starting with your most recent employer (last 15 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

DATES OF EMPLOYMENT FROM Mo/Day/Yr TO Mo/Day/Yr	NAME, ADDRESS & PHONE # OF EMPLOYER/COMPANY	SUPERVISOR'S NAME /TITLE	YOUR LAST POSITION	LAST SALARY/H RLY WAGE	REASON FOR LEAVING

***Note: Attach additional page(s) if necessary.**

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name of reference Occupation Address (Street # - P.O. Box) (City) (State) (Zip) Area Code & Phone Number

Name of reference Occupation Address (Street # - P.O. Box) (City) (State) (Zip) Area Code & Phone Number

Name of reference Occupation Address (Street # - P.O. Box) (City) (State) (Zip) Area Code & Phone Number

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this

application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize _____ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I waive receipt of a copy of any public record described in the paragraph above.

_____ Date _____ Signature of Applicant _____

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NOTE: THIS APPLICATION FOR EMPLOYMENT IS VALID FOR ONLY 30 DAYS. TO REMAIN AN ACTIVE APPLICANT, A NEW APPLICATION MUST BE FILLED OUT AND SUBMITTED TO THE COMPANY ONCE EVERY 30 DAYS.

