

Helman Harvesting - Application for Employment

PERSONAL DATA

Date: _____

Name: _____ Social Security # : _____

Present Address:	Street	City	State	Zip

Phone # : _____ Birth Date: _____

Email Address: _____

Driver's License # : _____ State: _____ Do you have a CDL _____

Violations: _____

Referred from: Found on internet

Currently Employed: _____

EDUCATION

High School: _____

College: _____

FORMER EMPLOYERS

List your last three employers beginning with the most recent.

Name: _____ Phone # _____

Position: _____ Salary \$- _____ Time employed: _____

Job Responsibilities: _____

Reason for leaving: _____

Name: _____ Phone # _____

Position: _____ Salary \$- _____ Time employed: _____

Job Responsibilities:

Reason for leaving:

Name:	Phone #	
Position:	Salary \$-	Time employed:

Job Responsibilities:

Reason for leaving:

REFERANCES

Name:	Phone #
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Name:	Phone #
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Do you consume alcohol? Frequently Occasionally Not at all

Do you smoke or use other tobacco products? Yes No

Do you have any experience with farm or harvesting equipment? Yes No

Are you willing to work long hours? Yes No

Do you have any type of disability that prevents you from performing manual labor

such as lifting up to 75 lbs occasionally? Yes No If yes explain:

QUALIFICATIONS

Check Yes or No for each type of the following equipment you have operated:

Combine: Yes No

Field Tractor: Yes No

Grain Cart: Yes No

Semi-tractor-trailer: Yes No

Do you have any experience with these job skills?

Auto, truck or farm equipment repair: Yes No

Welding: Yes No

Electrical: Yes No

When is a good time to contact you concerning this application?

All information collected on this form will be kept confidential.

I authorize contact to the above listed previous employers and references.

I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature: _____ Date: _____

Email: helmanharvesting@lgtel.com

Phone: 260-463-1090