

NORTHWEST GRAIN GROWERS, INC.

APPLICATION FOR HARVEST EMPLOYMENT

(PLEASE PRINT or TYPE)

DATE _____

NAME _____

LOCAL ADDRESS _____

Last

First

Middle Initial

Street

City

State

zip

COLLEGE ADDRESS _____

Local Phone # _____ Cell # _____ College # _____

E-Mail Address _____ Drivers License # _____

Social Security # _____ Are you 18 years old or older? _____

Date you can start? _____ Last day you can work? _____ Do you have reliable transportation? _____

Have you worked for us before? _____ When/And Where? _____

Do you understand that you will have to work 7 days per week? _____

Are you allergic or sensitive to grain dust? Yes _____ No _____ Sensitive to heat? Yes _____ No _____

Do you have any limitations that preclude you from performing physical work? Yes _____ No _____

If yes, what can be done to accommodate your limitation? _____

List any work experiences that may help you in harvest work _____

EDUCATION	NAME OF SCHOOL	Are you currently enrolled?	Did you graduate?
High School			
College			

Person to notify in case of emergency _____ Relationship _____

Address _____ Phone Number(s) _____

References: Please List 3

Name _____ Relationship _____ Phone # _____

1. _____

2. _____

3. _____

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice. This application for employment shall remain in effect until August 15, at which time it shall become invalid.

Signature _____ Date _____