Northwest Grain Growers

APPLICATION FOR HARVEST EMPLOYMENT

Date: _____

Name: _____
Last First Middle Initial

Local Address _____
Street City State Zip

Local Phone # _____ Cell # _____

E-Mail Address _____ Driver License # _____

Are you at least 18 years old? Yes ☐ No ☐

Are you legally authorized to work in the United States? Yes ☐ No ☐

Have you worked for us before? Yes ☐ No ☐ When/And Where? _____

Date you can start? _____ Last day you can work? _____

Do you have reliable transportation? Yes ☐ No ☐

Do you understand that you will have to work 7 days per week? Yes ☐ No ☐

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 allergies, sensitivities or limitations? _____

_____.

List any work experiences that may help you perform harvest duties: _____

_____.

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 time period and may be terminated at any time without prior notice. This application for employment shall remain in effect until August 15th.

Signature _____ Date _____

MAIN OFFICE: P.O. BOX 310 • WALLA WALLA, WA 99362-0210 • (509) 525-6510 • (800) 994-4290
WITH OFFICES LOCATED IN DAYTON, WA (509) 382-2571 & ST. JOHN, WA (509) 648-3316