

HEFTY SEED COMPANY

47504 252nd Street - Baltic, SD 57003 PHONE: (605)529-5412

EMPLOYMENT APPLICATION:

PERSONAL INFORMATION									
NAME LAST, FIRST, MIDDLE							DATE		
STREET ADDRESS		CITY				STATE		ZIP	
EMAIL			CELL PHONE						
ARE YOU 18 YEARS OR OLDER? YES NO	HAVE YOU HAD ANY	MOVING VIOLATIONS IN THE L	AST 3 YEARS?	YES NO	D HAS YOUR	LICENSE EVER BEEN SU	JSPENDED OR REV	OKED? YES	NO NO
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION? YES NO IF YES, PLEASE PROVIDE DETAILS									
EMPLOYMENT INFORMATION									
DESIRED POSITION			AVAILABLE START DATE			DESIRED SALARY			
ARE YOU CURRENTLY EMPLOYED? YES NO	REYOU CURRENTLY EMPLOYED? YES NO IF SO, MAY WE CONTACT YOUR EMPLOYER? YES NO WILL YOU CONSIDER PART-TIME OR TEMPORARY EMPLOYMENT? YES					NO NO			
EDUCATION HISTORY	-	_	_	-	-	-	-	_	_
NAME OF SCHOOL		LOCATION	YEARS ATTEN	DED GRA	DUATED	DEGR	EE/ AREA OF	STUDY	GPA
HIGH SCHOOL					YES NO				
COLLEGE					YES NO				
COLLEGE					YES NO				
COLLEGE					YES NO				
				_					_
PREVIOUS EMPLOYMENT EMPLOYER NAME				DATES EMPLOY	VED.		AVERAGE HO	NIDE	
				MONTH/YEAR	ובט	TO	PER WEEK	JUNO	
ADDRESS SUPERVISOR'S	PHONE		REASON FOR LEAV	ING					
NAME SUPERVISOR S		POSITION TITLE / DUTIES S	KILLS .						
EMPLOYER NAME			.	DATES EMPLOY MONTH/YEAR	YED	TO TO	AVERAGE HO PER WEEK	DURS	
ADDRESS	PHONE		REASON FOR LEAV	ING					
SUPERVISOR'S NAME		POSITION TITLE / DUTIES S	KILLS						
EMPLOYER NAME				DATES EMPLOY MONTH/YEAR	YED	TO	AVERAGE HO PER WEEK	DURS	
ADDRESS	PHONE		REASON FOR LEAV				<u> </u>		
SUPERVISOR'S NAME		POSITION TITLE / DUTIES S	KILLS						
EMPLOYER NAME				DATES EMPLO' MONTH/YEAR	YED	TO	AVERAGE HO PER WEEK	DURS	
ADDRESS	PHONE		REASON FOR LEAV				I I LII WLLK		
SUPERVISOR'S NAME		POSITION TITLE / DUTIES S	KILLS						

REFERENCES				
NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

HOW DID YOU HEAR ABOUT	THIS POSITION?
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AFFIDAVIT, CONSENT AND RELEASE

Please Read Each Statement Carefully Before Signing

I certify that the facts contained in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer, and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to submit to and successfully pass a drug screening examination and background investigation. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, as may be required.

I understand that conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, rehabilitation will be taken into account in determining effect on suitability for employment.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the owner of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the owner and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

SIGNATURE	DATE
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