



HEFTY SEED COMPANY

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

EMPLOYMENT APPLICATION:

PERSONAL INFORMATION

NAME <i>LAST, FIRST, MIDDLE</i>			DATE
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	CELL PHONE		
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILS		

EMPLOYMENT INFORMATION

DESIRED POSITION	AVAILABLE START DATE	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONSIDER PART-TIME OR TEMPORARY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY

	NAME OF SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED	DEGREE/ AREA OF STUDY	GPA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO		

PREVIOUS EMPLOYMENT

EMPLOYER NAME	DATES EMPLOYED MONTH/YEAR	TO	AVERAGE HOURS PER WEEK
ADDRESS	PHONE	REASON FOR LEAVING	
SUPERVISOR'S NAME	POSITION TITLE / DUTIES SKILLS		
EMPLOYER NAME	DATES EMPLOYED MONTH/YEAR	TO	AVERAGE HOURS PER WEEK
ADDRESS	PHONE	REASON FOR LEAVING	
SUPERVISOR'S NAME	POSITION TITLE / DUTIES SKILLS		
EMPLOYER NAME	DATES EMPLOYED MONTH/YEAR	TO	AVERAGE HOURS PER WEEK
ADDRESS	PHONE	REASON FOR LEAVING	
SUPERVISOR'S NAME	POSITION TITLE / DUTIES SKILLS		
EMPLOYER NAME	DATES EMPLOYED MONTH/YEAR	TO	AVERAGE HOURS PER WEEK
ADDRESS	PHONE	REASON FOR LEAVING	
SUPERVISOR'S NAME	POSITION TITLE / DUTIES SKILLS		

REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

HOW DID YOU HEAR ABOUT THIS POSITION?

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

