

# LAUBER SEED PROFESSIONALS

*Lauber Seed Professionals is an Equal Opportunity Employer. Lauber Seed Professionals does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. This application is valid for 90 days.*

**Please Print or Type:**

**NAME** \_\_\_\_\_

Please PRINT your name EXACTLY as it appears on your Social Security Card

**ADDRESS:**

\_\_\_\_\_

Street or Box #

Home Phone/Cell Phone

\_\_\_\_\_

City, State and ZIP Code

Work/Business Phone

## EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_ / \_\_\_\_\_

Name of Business

Name of Supervisor

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hours/Shift \_\_\_\_\_ / How Long Employed? \_\_\_\_\_

Current employer will not be contacted. This information is necessary for shift assignments only.

Previous Employer \_\_\_\_\_ / \_\_\_\_\_

Name of Business

Name of Supervisor

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hours/Shift \_\_\_\_\_ / How Long Employed? \_\_\_\_\_

Have you ever sorted or worked with seed corn before? \_\_\_\_\_

If so, who did you work for? \_\_\_\_\_

What was your job? \_\_\_\_\_

Person to notify in case of accident: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you are between the ages of 16 and 19, your parent or guardian MUST sign here:**

\_\_\_\_\_

Signature

Date

I hereby declare the information provided by me in this application is true, current and completed to the best of my knowledge.

I understand that if I employed, any mis-statement of facts on this form could be considered cause for my dismissal.

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Signature

Date

It is understood and agreed upon that any misrepresentations by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

It is agreed and understood that, under the Fair Credit Reporting Act, my signature below authorizes Lauber Seed Professionals or its agents as part of their investigation of my background for employment purposes.

I understand that Lauber Seed Professionals and their insurance carrier require that all employees have a safe driving record and therefore, all applicants will have a current MVR (Motor Vehicle Record) as part of their job application.

Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date