

CRIMINAL HISTORY:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No YES

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION: _____

EDUCATION:

HIGH SCHOOL:

<i>NAME OF SCHOOL</i>	<i>LOCATION</i>	<i>NUMBER YEARS COMPLETED</i>
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COLLEGE:

<i>NAME OF SCHOOL</i>	<i>LOCATION</i>	<i>NUMBER YEARS COMPLETED</i>	<i>MAJOR & DEGREE</i>
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BUSINESS OR TRADE SCHOOL:

<i>NAME OF SCHOOL</i>	<i>LOCATION</i>	<i>NUMBER YEARS COMPLETED</i>	<i>MAJOR & DEGREE</i>
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_____	_____	_____	_____
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PROFESSIONAL/GRADUATE SCHOOL:

<i>NAME OF SCHOOL</i>	<i>LOCATION</i>	<i>NUMBER YEARS COMPLETED</i>	<i>MAJOR & DEGREE</i>
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_____	_____	_____	_____
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REFERENCES:

PLEASE LIST FOUR REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME: _____
RELATIONSHIP: _____
COMPANY: _____
ADDRESS: _____
TELEPHONE () _____

NAME: _____
RELATIONSHIP: _____
COMPANY: _____
ADDRESS: _____
TELEPHONE () _____

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COMPANY: _____
ADDRESS: _____
TELEPHONE () _____

NAME: _____
RELATIONSHIP: _____
COMPANY: _____
ADDRESS: _____
TELEPHONE () _____

WORK EXPERIENCE:

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE THE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.

CURRENT EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ JOB TITLE _____

EMPLOYMENT DATES: FROM _____ To _____ PAY OR SALARY: START _____ FINAL _____

REASON FOR LEAVING _____ MAY WE CONTACT YOUR EMPLOYER? YES NO

LIST JOB YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ JOB TITLE _____

EMPLOYMENT DATES: FROM _____ To _____ PAY OR SALARY: START _____ FINAL _____

REASON FOR LEAVING _____ MAY WE CONTACT YOUR EMPLOYER? YES NO

LIST JOB YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ JOB TITLE _____

EMPLOYMENT DATES: FROM _____ To _____ PAY OR SALARY: START _____ FINAL _____

REASON FOR LEAVING _____ MAY WE CONTACT YOUR EMPLOYER? YES NO

LIST JOB YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

EMPLOYER _____ SUPERVISOR _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____ JOB TITLE _____
 EMPLOYMENT DATES: FROM _____ To _____ PAY OR SALARY: START _____ FINAL _____
 REASON FOR LEAVING _____ MAY WE CONTACT YOUR EMPLOYER? YES NO

LIST JOB YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY:

ADDITIONAL INFORMATION:

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

RELEASE OF INFORMATION:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE HARVESTER PERSONNEL PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE INDICATED), REFERENCES, AND OTHERS, AND HEREBY RELEASE HARVESTER PERSONNEL FROM ANY LIABILITY AS RESULT OF SUCH CONTACT.

 SIGNATURE OF APPLICANT

 DATE



 T H E H A R V E S T E R

THE HARVESTER IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OF DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE HARVESTER DEPENDS SOLELY ON YOUR QUALIFICATIONS.