



Where you referred to us? Yes No If yes, by whom? \_\_\_\_\_

Have you ever applied for a job with this company? Yes No

Answer only if the job for which you are applying requires a driver's license:

Have you every had your licenses suspended, revoked or modified in the last five years? Yes No

Are you currently subject to a non-compete clause?

Date you could begin working if offered a job: \_\_\_\_\_

Are you willing to travel if required for the job? Yes No

Are you able to complete the essential functions of the position without special accommodations? Yes No

If no, what accommodation are needed? \_\_\_\_\_

Circle the working arrangements you would accept:

Full-time	On-call
Part-time	Seasonal

Days you would be available to work:

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday
Sunday		

## REFERENCES

Please list three employment references not related to you:

Person's Full Name	Company Name	Business Phone #	Years Known
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*(By listing references, you authorize Total Seed Production, Inc. and the appropriate persons to contact the listed references.)*



**Farming**

Farming Experience:  
 Please circle all that apply and list the years of experience  
 Ploughing: Years \_\_\_\_\_ Cultivating: Years \_\_\_\_\_ Combining: Years \_\_\_\_\_  
 Disking: Years \_\_\_\_\_ Picking Corn: Years \_\_\_\_\_ Spraying: Years \_\_\_\_\_  
 Mixing Chemicals: Years \_\_\_\_\_

**Truck Driving**

Truck Driving Experience:  
 Please circle all that apply and list the years of experience  
 Straight Truck: Years \_\_\_\_\_ Semi: Years \_\_\_\_\_ CDL: Years \_\_\_\_\_ Class \_\_\_\_\_  
 Heavy Equipment: Years \_\_\_\_\_ (forklift, backhoe) Other: \_\_\_\_\_ Years \_\_\_\_\_

**Seed Experience**

Other Experience:  
 Please circle all that apply and list the years of experience  
 Warehousing: Years \_\_\_\_\_ Dryer Operation: Years \_\_\_\_\_  
 Conditioning Corn: Years \_\_\_\_\_ Conditioning Beans: Years \_\_\_\_\_  
 Green Sort (seed corn): Years \_\_\_\_\_ Other: \_\_\_\_\_ Years \_\_\_\_\_

**Other Experience**

*Please list any additional information that you believe would help assist us in evaluating your qualifications.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SKILLS**

**Computer Skills**

Please list all computer skills and your proficiency level, including all hardware and software

_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced
_____	Beginner	Intermediate	Advanced

**Supervisory Skills**

Have you supervised other employees? Yes No If yes, when? \_\_\_\_\_

Describe supervisory experience: \_\_\_\_\_  
 \_\_\_\_\_

**Foreign Languages**

Please list the language(s) and circle all that apply

Language: _____	Speak Fluently	Read	Write	Knowledge of
Language: _____	Speak Fluently	Read	Write	Knowledge of