APPLICATION FOR EMPLOYMENT

Christmas Point Wild Rice Company

An Equal Opportunity Employer.

Reasonable accommodation will be provided as required by law.

Last Name First Nam		Name	e Middle Initial								
Street Address City/State			Zip Code			Phone Number:					
If hired, can you provide evidence of le							ffer of employment is conditioned upon				
work in the U.S.?							leting form I-9 and providing the appropriate nents for identity and work authorization.				
Position Desired: Wage			/Sala	ry Desired:	-	Full Time?					
			Part Time?								
Doto vou	con bogin	Ara voi	, 1Q v	vante of aga or ol	ldor?		If under 18 ves	are of	age vou wil	l he required	
Date you can begin Are you work?			a 18 years of age or older?				If under 18 years of age, you will be required to submit a birth certificate or work certificate				
			as required			as required by	by state or federal law.				
Nome of	high cabool of	tandadı		City & State			Graduate?		GED?		
Name of high school attended:				City & State			Graduate?		GED?		
Name of college or technical school:				City & State			Graduate?		Degree?	Major:	
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:								
List any	job-related ski	lls or accon	nplisł	nments, includin	g militaı	ry ser	vice:				
	T			- Your Availab	ility For	r Wo		ı			
1	Monday	Tuesday		Wednesday	Thursc	day	Friday		Saturday	Sunday	
From:											
To: Total hours per week you are				Do you have any special requests or needs for a work schedule?							
	to work:			20 900 11000 0	ny speet						
- Provide Three References Who Are Not Former Employers Who We May Contact - Name and Occupation How do you know them, and for how long? Phone Number											
Name and Occupation How			do you know them, and for how long?			iow iong?		Pnon	e mumber		

Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are o	ffered a position?					
Name of Employer:	Job Title:					
1 3	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						
Name of Employer:	Job Title:					
	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						
Name of Employer:	Job Title:					
	Duties:					
Address:	Dates of Employment:					
	From:	To:				
City, State, Zip Code	Hourly pay or salary:					
	Starting pay:	Ending pay:				
Supervisor:	Reason for Leaving:					
Telephone:						

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning

my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.							
I have read, understand, and agree to the above statements.							
Signature:	Date:						