EMERGENCY MEDICAL TREATMENT (ALL EMPLOYEES MUST SIGN)

In case of a medical emergency, I authorize that emergency medical care may be administered to

_____as deemed necessary.
WORKERS NAME

_____ _____
PARENT OR GUARDIAN SIGNATURE DATE

NOTIFY IN CASE OF EMERGENCY

_____	_____
Name	**Relationship**
_____	_____
Telephone	**Address**

PARENT/GUARDIAN PERMISSION FORM

*** Must be signed, dated and returned to SMAK INC by all employees under the age of 18 before beginning employment with* SMAK INC. *You must be 14 or older to work for SMAK.*

I hereby give my permission for _____ to
WORKERS NAME
be employed by SMAK INC for the job of corn detasseling.

_____ _____ _____
WORKERS DATE OF BIRTH PARENT OR GUARDIAN SIGNATURE DATE

BUS TRANSPORTATION AGREEMENT (ALL EMPLOYEES)

SMAK Inc will provide as a service to its employees free bus transportation to and from the worksite each and every day. Employees will be notified of the bus departure times and locations each day. The arrival time back home at the end of the day will vary. I understand and agree that unacceptable behavior or throwing anything out of the bus window will cause me to lose my riding privileges. I also agree that I am financially responsible for any and all damages caused by my throwing of any object out of the bus window or other actions that cause damage to the bus or other vehicles. My signature verifies that I have read and understand the bus transportation agreement

_____ _____
EMPLOYEE SIGNATURE DATE

UNDERSTANDING THE PROCEDURES (ALL EMPLOYEES MUST SIGN)

My signature below verifies that I have read and agree to abide by the information contained on the pages labeled" SMAKINC PAY SCHEDULE" and "DETASSELING INFORMATION"

_____ _____
EMPLOYEE SIGNATURE DATE

Print and sign this document. Return it with the application.