# EMPLOYMENT APPLICATION

Name: _____
First Last

Address: _____
Street Address City State Zip Code

Home Phone: _____

Cell Phone: _____

Age: _____ Today's Date: _____

Social Security Number: _____

*If you do not have a Social Security Card you cannot work for SMAK Detasseling*
*If you have lost your card, go to http://www.ssa.gov/ssnumber/ to get a replacement.*

Email Address: _____

Date of Birth: _____

Have you ever detasseled before? Yes: _____ No: _____

If yes, how many years have you worked? : _____

If yes, who have you worked for? : _____

If yes, please provide a contact phone number so that we may verify employment: _____

Based on the SMAK inc pay schedule, what do you believe your regular starting wage to be? :
_____