

2023 DETASSELING APPLICANTS

Please read before filling out application

Fill out the enclosed application in blue or black ink. Be sure to sign the back of the application. If you are under the age of 18, your parent or legal guardian must sign your application as well.

Mail the completed application packet to the following address:

Dull Homestead, Inc.

Attn: Mahala Dull

10404 National Road

Brookville, OH 45309

NEW EMPLOYEES Once we receive your application, we will contact you to set up a training session.

Training sessions will be held in June. We will begin scheduling those in May.

OLD EMPLOYEES We will not contact you until we're ready to begin field work.

If you have any questions, please contact Mahala, Robin, or Jessi at 937/833-3339.

Thank you!

2023

DETASSELING APPLICATION

DULL HOMESTEAD, INC. (937)833-3339

NAME

FIRST: _____ MI: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ PREFERED CONTACT: CALL _____ TEXT _____

EMERGENCY CONTACT:

NAME: _____

PHONE #: _____

RELATIONSHIP: _____

DATES UNAVAILABLE TO WORK: _____

Have you worked for Dull Homestead, Inc. before? _____

Do you have any diseases or medical conditions that we should know about?

Have you ever been charged with or convicted of, or completed your sentence or parole, for **any** crime, including but not limited to violence, sex, stalking, trespassing, property damage, disorderly conduct, OVI, minors, fraud, theft or drugs?

If yes, please specify: _____

OVER.....

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by **Dull Homestead, Inc.** that such employment with **Dull Homestead, Inc.** is at will, for no specified duration and may be terminated by **Dull Homestead, Inc.** with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of **Dull Homestead, Inc.** or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of **Dull Homestead, Inc.** except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of **Dull Homestead, Inc.**.

In consideration for employment with **Dull Homestead, Inc.**, if employed, I agree to conform to the rules, regulations, policies and procedures of **Dull Homestead, Inc.** at all times and understand that such obedience is a condition of employment. I understand that due to the nature of **Dull Homestead, Inc.** business, attendance and punctuality are considered essential requirements of every job at **Dull Homestead, Inc.** and that poor attendance or tardiness will result in disciplinary action.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that DHI seasonal detasseling employees are paid one time, at the end of the working season.

I give DHI permission to transport myself/my child to, from and between fields as necessary.

In cases of emergency, I further consent to the examination or treatment of myself/my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent, except when covered by Worker's Compensation.

_____ I do
_____ I do not give permission to Dull Homestead, Inc. to photograph and/or video me for use in their training material and/or the DHI website.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature Date

Parent or Legal Guardian Signature (if under the age of 18) Date

Dull Homestead, Inc. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

