

THACKER HARVESTING LTD. / APPLICATION FOR EMPLOYMENT
FAX TO: 403-833-2030

Name			
Address			
	Street PO Box	City	Postal Code / ZIP
Date of Birth	Month_____	Day_____	Year_____
Phone / Email	() - _____		
Driver's License	Number	Type	Prov./ State

Position Preference

Truck Driver	Yes	No
Experience		

Combine Operator	Yes	No
Experience		

Education

Comments	

Current and or Former Employers

Name & Phone #	
Position / Comments	

Name & Phone #	
Position / Comments	

Name & Phone #	
Position / Comments	

Signature _____ **Date** _____

Thank you for your employment application with us. Feel free to contact us in a couple of days of your application.

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