

WORKER DISCLOSURE & INFORMATION STATEMENT

Name: _____ School: _____

Address: _____ City/State/Zip _____

Birth Date: _____ E-mail: _____

Parent Phone: _____ Emergency / Alternate Phone: _____

Student/Worker Phone: _____ Have you detasseled before? Yes No

Check desired bus pick-up: Shaver Rd Walmart: Portage North Middle School:

Plainwell: Otsego:

This is a disclosure of the terms of a potential offer of employment. If you are contacted to work for Great Lakes Detasseling, LLC. this disclosure describes the pay, and employment terms and conditions for the upcoming season.

1. **PLACE OF EMPLOYMENT:** Growing areas for seed corn are located throughout Southwest Michigan, usually within 45 minutes of Kalamazoo.
2. **PERIOD OF EMPLOYMENT:** Work will run from approximately 07/10/20 - 08/10/20. Hours and days may vary according to the amount of work available. Work will be performed in all types of weather, except when conditions are physically threatening. There is NO GUARANTEE of days or hours of work. Be prepared to work weekends during the detasseling season.
3. **TAXES:** Social Security (FICA) taxes will be withheld on all earnings. Federal and State taxes will be deducted when required by law and dependent on status of how you complete the Federal and State W-4 forms.
4. **WAGE RATE TO BE PAID:**
 - a) You will be paid regular pay - a minimum of \$7.25 per hour; 2nd year workers a minimum of \$7.50 per hour.
 - b) You will work on a crew. Your crew will be assigned to one or more corn fields.
 - c) Failure to perform quality work or any violation of safety policies may result in termination of employment.
 - d) Breaks will be paid. Lunch of 30 minutes will not be paid.
 - e) Travel time to the field and back home will NOT be paid. Travel time during the work day between fields will be paid.

IF UNDER 18 YEARS OF AGE: 1. I give permission for my child to work for Great Lakes Detasseling, LLC. 2. I consent to Great Lakes Detasseling, LLC. transporting my child to the address above due to illness, dismissal, etc. 3. I consent to Great Lakes Detasseling obtaining emergency medical services for any sickness or injuries of my child while employed by Great Lakes Detasseling, LLC. and consent to the provision of such services to my child. The consent may be presented to the appropriate medical and hospital authorities as evidence of my consent.

To the best of our ability Great Lakes Detasseling will follow CDC (www.cdc.gov) guidelines in effect for agricultural workers to avoid contracting/spreading of COVID-19. Great Lakes Detasseling will not be held responsible for any COVID-19 illness and/or sickness.

Parent/Guardian's Signature: _____ Date: _____

Address: _____ City/State/Zip: _____

APPLICANT AGREEMENT TO DISCLOSURE TERMS: 1. I agree that in the event I am hired, the above will be the terms and conditions of my employment. 2. I certify that I am able to perform the physical and/or job requirements:

YES NO

Applicant/Worker Signature: _____ Date: _____

Please list any medical concerns/issues (asthma, allergies, diabetic, etc..) that we should be aware of: _____