Missouri Department of Economic Development
Missouri Division of Workforce Development

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# Agricultural Employment Services Registration

**PLEASE TYPE OR PRINT IN INK**

## A

**SOCIAL SECURITY NUMBER (SSN)** ___ - __ - ____

**DATE SUBMITTED (Today's Date)**

**NAME**
(First Name) (Middle Initial) (Last Name)

**Are you currently in need of housing?** ☐ Yes ☐ No

**CURRENT ADDRESS**
(Number and Street) (City) (State) (Zip code)

**If the above address is temporary, give your PERMANENT ADDRESS here:**
(Number and Street) (City) (State) (Zip code)

**EMAIL ADDRESS**

**TELEPHONE NUMBER** ( ___ ) ___ - ____

**DATE OF BIRTH** __ / __ / ____ (Month) (Day) (Year)

**GENDER** ☐ Male ☐ Female

**U.S. CITIZEN?** ☐ Yes ☐ No

**ALIEN REGISTRATION NUMBER (if applicable):**

**UNDOCUMENTED ALIEN?** ☐ Yes ☐ No

**HISPANIC/LATINO** ☐ Yes ☐ No

**RACE** ☐ Native American/Alaska Native ☐ Asian ☐ Black ☐ Pacific Islander/Native Hawaiian ☐ White ☐ Not Declared

**MIGRANT/SEASONAL WORKER?** ☐ Yes ☐ No

**EDUCATION**
Highest Grade completed: ____

**SCHOOL STATUS**
☐ Currently in-school; High School or less
☐ In-school; alternative school
☐ Currently in-school; post-High School
☐ Not attending school; High School Dropout
☐ Not attending school; High School Graduate

**EMPLOYMENT STATUS**
☐ Employed ☐ Unemployed, non-claimant ☐ Unemployed, UI claimant
☐ Farmworker ☐ Migrant Farmworker ☐ Migrant Food Processor

**RECENT FARMWORK**
Have you been employed in farm work in the past 12 months (excluding self-employed or working for your parents?
☐ Yes ☐ No

**DISLOCATED WORKER?** ☐ Yes ☐ No

**DISABILITIES**
Do you have a disability? ☐ Yes ☐ No ☐ I prefer not to answer
If "Yes," what type of disability? ☐ Physical ☐ Mental ☐ Physical & Mental ☐ I prefer not to answer

## B

**EMPLOYMENT HISTORY**

**LAST EMPLOYER**
(Name of Company or Organization) (City) (State)

**Dates Employed** From: __ / __ / ____ (Month) (Day) (Year) To: __ / __ / ____ (Month) (Day) (Year) Job Title: ____

Description of duties: ____

**PREVIOUS EMPLOYER**
(Name of Company or Organization) (City) (State)

**Dates Employed** From: __ / __ / ____ (Month) (Day) (Year) To: __ / __ / ____ (Month) (Day) (Year) Job Title: ____

Description of duties: ____

## C

**EXPERIENCE**

What experience do you have in agriculture? *(Check all that apply)*

*LIVESTOCK:* ☐ Cattle ☐ Hogs ☐ Horses ☐ Other *(specify)*: ____

*GROWING:* ☐ Planting ☐ Crop treatment ☐ Pruning ☐ Harvesting ☐ Packing/Shipping

*CROPS:* ☐ Tomatoes ☐ Melons ☐ Peppers ☐ Apples/Peaches ☐ Grapes ☐ Berries ☐ Cotton ☐ Corn ☐ Grains ☐ Soybeans

*EQUIPMENT:* ☐ Tractor ☐ Combine ☐ Sprayer ☐ Baler ☐ CDL Driver Class: ____ ☐ Other *(specify)*: ____

Are you a Veteran, or currently serving in the National Guard, or as a Reservist? ☐ Yes ☐ No

If "Yes," what branch?

**SERVICE DATES** __ / __ / ____ (Month) (Day) (Year) To __ / __ / ____ (Month) (Day) (Year)

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