

CONTRACT LABORER PERSONNEL PROFILE

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Phone No. _____
Street or RFD City State Zip Code

Permanent Address (If different from above) _____ Phone No. _____
Street or RFD City State Zip Code

Are you over the age of 18? Yes No If not, Please state birthday _____ Height _____ Weight _____

Is there any reason you could not be at work every day? Yes No

Explanation _____

Previous detasseling/roguing experience? Yes _____ No _____

Location _____

Person to notify in case of accident: _____ Phone: _____
Name

Parent's consent and certification: I give my consent for my child to accept employment with labor contractor for the purpose of detasseling, roguing, or performing other operations connected with seed production. I certify that my child's age as stated above is correct and that my child is a citizen of the United States.

_____ Date _____ Parent's Signature _____

Parent must sign if you will be under 18 when work begins.

APPLICANT Signed _____ Date _____

Labor Contractor CLEVELAND DETASSELING LLC
1701 E 14TH RD AURORA NE 68818 Date _____

SYNGENTA SEEDS, INC.
P.O. BOX 226
DEWITT, IA 52742

F-1306A (7/92)

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H _____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)
CLEVELAND DETASSELING LLC 1701 E 14TH RD AURORA NE 68818		27-2352555

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name SUSAN E CLEVELAND	Title CONTRACTOR
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CLEVELAND DETASSELING LLC 1701 E 14TH RD AURORA NE 68818		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
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Centralized Employee Registry Reporting Form

TO BE COMPLETED BY THE EMPLOYER
within 15 days of hire. Please Print or Type.

Submit this information online at

www.iowachildsupport.gov

...or mail this portion of the page to Centralized Employee Registry, PO Box 10322, Des Moines IA 50306-0322; or fax it to 1-800-759-5881. Please include your FEIN.

EMPLOYER INFORMATION

FEIN Required

27 - 2352555 - 001

Phone: (402) 694 - 2784
Area Code + Telephone Number

FEIN plus last 3-digit suffix used when filing Iowa withholding tax.

Name: CLEVELAND DETASSELING LLC

Street Address: 1701 E 14TH RD

City: AURORA

State: NE

Zip Code: 68818

Questions: For A through D below, please see instructions on back for definitions and clarification.

A. Is dependent health care coverage available? Yes or No

B. Approximate date this employee qualifies for coverage: MM DD YYYY

C. Employee start date: MM DD YYYY

D. Address where income withholding and garnishment orders should be sent, if different than above address.

Street Address:

City:

State:

Zip Code:

EMPLOYEE INFORMATION

Employee's Date of Birth: MM DD YYYY Employee's Social Security Number: - -

Last Name: First Name: Middle Initial:

Street Address:

City:

State:

Zip Code:



Iowa Department of Revenue
www.state.ia.us/tax

2011 IA W-4

Employee Withholding Allowance Certificate

To be completed by the employee

Marital status: Single Married (If married but legally separated, check Single.)

Print your full name: Social Security No.:

Home Address: City: State: Zip Code:

EXEMPTION FROM WITHHOLDING. If you do not expect to owe any Iowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: and the year effective here: Nonresidents may not claim this exemption.

Check this box if you are claiming exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009.

If claiming the military spouse exemption, enter your state of domicile here:

IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

1. Personal allowances
2. Allowances for dependents
3. Allowances for itemized deductions
4. Allowances for adjustments to income
5. Allowances for child and dependent care credit
6. Total allowances. Add lines 1 through 5.
7. Additional amount, if any, you want deducted each pay period

I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employee Signature:

Date:

Employers: Detach this part and keep in your records unless more than 22 withholding allowances are claimed. If more than 22 allowances are claimed, complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form.
Employer's name / address: CLEVELAND DETASSELING LLC
1701 E 14TH RD AURORA NE FEIN: 27-2352555

68818

44-019a (05/21/10)

RULES AND INSTUCTIONS FOR CREW WORKERS

1. Be dependable reporting for work on time. The bus will leave the pick-up point at the appointed time. We will not wait for you.
2. Before getting on the bus every working day make sure you sign your time sheet 'EACH DAY' neatly and legibly. If not completed correctly, payment cannot be made.
3. Dress in such a fashion to protect you from sunburn, insects and inclement weather (Rain gear, suntan lotion, insect repellent, etc.). Long sleeve shirts and long pants recommended. Shoes must be worn at all times (open toes or heels are not allowed). Caps, gloves & eye protection will be provided.
4. Bring a lunch and lots of water to drink each day from home. Avoid packing foods that will spoil easily (mayonnaise, dairy products, etc.). Extra fresh water will be provided. **Never drink water from Irrigation systems; it may contain chemicals or re-use water.**
5. Do not bring valuables to the field or on the bus. We cannot be responsible for lost or stolen items.
6. Remain seated while riding on the bus. Do not throw things on the bus. Do not throw or hold objects out the Bus windows. Use only the front door for entrance or exit unless an emergency occurs. Do not jump off the bus.
7. During working hours, no one is allowed on the bus without supervisor's permission.
8. Be respectful and follow the orders from your supervisor.
9. Report all job-related **accidents** and **injuries** to your supervisor immediately.
10. A row of corn will be assigned to you. Always be careful to stay on the same row you started on.
11. When Detasseling; be thorough. Your supervisor will instruct you on which tassels are ready to pull and the correct way to pull them.
12. When Detasseling; pull as few leaves as possible. Leaves provide food for the plant. Pulling excess leaves can reduce seed corn yield.
13. No throwing of objects (tassels, dirt clods, etc),
14. Do not tamper with equipment in the fields (machinery, irrigation equipment, etc.) or any property.
15. Rest periods will be called by your supervisor. Do not begin your break until all your co-workers are out of the field.
16. Do not leave break areas or the fields littered. Trash containers will be provided.
17. Smoking cigarettes is permitted on **breaks only** and **only** approved at various times and places by your Supervisor **only** if you are of legal age. Smoking is not permitted on the bus.
18. Poor conduct (horseplay, fighting, obscene language, anything that can damage the corn, etc.) may result in your dismissal.
19. Alcohol and illegal drugs are forbidden and the possession of such will not only result in your dismissal, but the proper authorities will be notified. Sharp objects or weapons are forbidden.
20. When rouging, never raise the bean hook, shovel or hoe above your waist.
21. When rouging, your supervisor will help you in the proper identification and removal of rogues.
22. Harassment of other employees or supervisors will not be tolerated and can lead to dismissal.

Failure to follow these safe work practices and guidelines will mean your dismissal. Your supervisor may add additional rules which you will be expected to follow.

I have received orientation and understand the above rules.

Employee

Date

CLEVELAND DETASSELING LLC
1701 E 14TH RD
AURORA NE 68818