

CROP HAIL ADJUSTER Application Form

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address or Box Number</i>	<i>City/Town</i>	<i>Postal Code</i>
<i>Telephone Number</i>	<i>Cell Number</i>	
<i>Email Address</i>	<i>Date of Birth DD/MM/YYYY</i>	

Education _____ Post Secondary _____

Other Courses _____

Present Occupation _____ Years Experience _____

Previous Occupation _____ Years Experience _____

Farming experience _____ years Currently farming _____ acres,

Valid driver`s license: Yes: _____ No: _____

I have a _____ vehicle.

(year, make, model)

This vehicle is available for crop hail adjusting work and I will be prepared to proceed to any place in Saskatchewan for the work at any time during the months of _____

Experience as a crop hail adjuster: Yes: _____ No: _____ Company _____

Crop hail adjusters are required to walk long distances every day while adjusting hail losses.

Are you physically fit and able to work independently? Yes: _____ No: _____

References:

Name: _____

Phone number: _____ Relationship: _____ Years Known: _____

Name: _____

Phone number: _____ Relationship: _____ Years Known: _____

Name: _____

Phone number: _____ Relationship: _____ Years Known: _____

Briefly describe why you would like to become a crop hail adjuster:

How did you learn of this potential job opportunity?

MHI website: _____

Personal reference: _____

MHI Radio Ad: _____

RM office poster: _____

Other – please specify: _____

Please note that all successful candidates will be required to provide Municipal Hail Insurance with a Criminal Record Check if offered a position - post interview.

Date: _____ Signed: _____

Please return this completed application along with a short resume to the address below:

**Municipal Hail Insurance
2100 Cornwall Street, Regina, SK S4P 2K7**

OR

Email your completed application to decherneski@municipalhail.ca.