



APS
Agri-Placement Services

Employee Request Worksheet

Business Name: _____ **Address:** _____

_____ **County** _____

Contact Person(s): _____ **Telephone Numbers(s):** _____

Number of Workers Needed: _____

Shift for New Employee(s): _____

Date on Which Workers Will be Needed: _____

Job Duration _____

Business Information:

Briefly describe your operation and tasks to be performed: *(attach additional sheets as necessary)*

Equipment operation skills needed: *(attached additional sheets as necessary)*

Can provide 55 hrs. work/wk. to each of the above requested workers Yes No

Housing:

| | | |
|----------------------------|----------------------------------|-----------------------------|
| Distance from worksite | <input type="checkbox"/> on farm | Distance from farm _____ |
| Smoke Detectors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Aide Kit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2:A Fire Extinguisher | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stove and Refrigerator | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooking Utensils | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen Table and Chairs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bed for Each Worker | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Living Room Couch or Chair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Television | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carbon Monoxide Detector | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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