

Agri-Placement Services

Employee Request Worksheet

Business Name:	Address:	
Contact Person(s):	Telephone Numbers(s):	
Number of Entry Level Dairy Farm Workers Needed:	Date When Workers Will Be Needed:	
Milking Shift for New Employee(s):	Number of Milking Groups:	
<u>Herd Information:</u>		
Number of Cows Milked/Day:	Lbs./Cow/Day:	Milking Frequency: 2X 3X Other:
<u>Equipment:</u> Milking Parlor Type: Herringbone Parallel Tie Stall Other: _____		
Number of Milking Units Per Side: _____ Milking System Make and Model: _____		
Type of Floor Scraping System: Alley scraper Skidsteer Other: _____		
<u>Practices:</u>		
1. Fore-strip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Wipe	<input type="checkbox"/> Paper	<input type="checkbox"/> Cloth
3. Milkers Inject Cows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Treated Cows in Separate Group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Treated Cows Mixed in Various Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Milkers Chase Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> Other Workers Chase Groups
7. Pre and Post Dip Same Solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Can Offer 50+ hrs. of work/week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe identification system for treated cows, e.g. red band means treated cow		
<u>Housing:</u>		
1. Distance from Worksite	<input type="checkbox"/> On farm	<input type="checkbox"/> _____ mile(s) from farm
2. Smoke Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. First Aid Kit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. 2:A Fire Extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Stove and Refrigerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Cooking Utensils	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Kitchen Table and Chairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Bed for Each Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Living Room Couch or Chair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Please provide three references. One must be either your veterinarian or breeder:</u>		
1. Name:	Telephone:	
2. Name:	Telephone:	
3. Name:	Telephone:	
<u>Please provide other information that could help us identify and train your prospective employees:</u>		

Fax: (315) 986-4738