



# APS

Agri-Placement Services, Inc.

## DAIRY EMPLOYEE REQUEST FORM

<b>Farm Name:</b>	<b>Farm Address:</b>
<b>Contact Person(s):</b> <b>Phone Number(s):</b>	<b>Email(s):</b>
<b>Number of Entry Level Employees Needed:</b> <b>Date Needed:</b>	<b>Milking Shift for New Employee(s):</b> <b>Number of Milking Groups:</b>
<b>Number of Cows Milked per Day:</b> <b>Milking Frequency:</b> 2X 3X Other:	<b>Average Lbs per Cow per Day:</b> <b>Somatic Cell Count:</b>
<b>Milking Parlor Type:</b> Herringbone Parallel Tie Stall Other:	<b>Milking Units Per Side:</b> <b>Milking System Make &amp; Model:</b>
<b>Floor Scraping System:</b> Alley scraper Skid steer Tractor Other:	<b>Additional Information:</b>
<b>Methods/Practices:</b>	
1. Fore-strip Teats	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Wiping Material	<input type="checkbox"/> Paper <input type="checkbox"/> Cloth
3. Milker Injects Cows	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Treated Cows in Separate Group	<input type="checkbox"/> Yes <input type="checkbox"/> No, mixed in groups
5. Milker Chases Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No, others chase
6. Pre & Post Dip Same Solution	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Can Offer 55+ Hours of Work per Week	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please describe identification system for treated cows, e.g. red band means treated cow:</b>	
<b>Housing:</b>	
1. Housing Location	<input type="checkbox"/> On farm <input type="checkbox"/> ___mile(s) from farm
2. Heat, Electricity, Clean Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Smoke Detectors (All Bedrooms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Carbon Monoxide Detector (1 Central)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 2:A Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Stove, Refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Dishes, Glasses, Cooking Utensils	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Vacuum Cleaner, Broom, Cleaning Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Kitchen Table and Chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Dressers, Beds w/Linens & Blankets; Bath Towels	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Living Room Couch or Chair	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. TV with Satellite or Cable (Spanish channels)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please provide three references. One must be either your veterinarian or breeder:</b>	
Name:	Phone:
Name:	Phone:
Name:	Phone:
<b>Please provide other information that could help us identify and train prospective employee(s):</b>	

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