



DAIRY EMPLOYEE REQUEST FORM

Employer Name: Employer Federal ID #: Entity (circle one): Individual Corp Partnership LLC	Employer Address:																																										
Contact Person(s): Phone Number(s): Fax Number(s): Email(s):	Workers' Comp Ins Carrier: Policy #: _____ Expiration Date: _____ WC Contact Person & Phone #:																																										
# of Entry Level Employees Needed: Date Needed:	Milking Shift for New Employee(s): Number of Milking Groups:																																										
# of Cows Milked per Day: Milking Frequency (circle one): 2X 3X 4X Other:	Average Lbs per Cow per Day: Somatic Cell Count:																																										
Milking Parlor Type (circle one): Herringbone Parallel Tie-stall Other:	Milking Units Per Side: Milking System Make & Model:																																										
Floor Scraping System (circle one): Alley scraper Skidsteer Tractor Other:	Additional Information:																																										
Methods/Practices: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Fore-strip Teats</td> <td style="width: 20%;"><input type="checkbox"/> Yes</td> <td style="width: 20%;"><input type="checkbox"/> No</td> </tr> <tr> <td>2. Wiping Material</td> <td><input type="checkbox"/> Paper</td> <td><input type="checkbox"/> Cloth</td> </tr> <tr> <td>3. Milker Injects Cows</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>4. Treated Cows in Separate Group</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No, mixed in groups</td> </tr> <tr> <td>5. Milker Chases Groups</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No, others chase</td> </tr> <tr> <td>6. Pre & Post Dip Same Solution</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>8. Can Offer 55+ Hours of Work per Week</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		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																					
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																																									
Please describe identification system for treated cows, e.g. red band means treated cow: _____ _____																																											
Housing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1. Housing Location</td> <td style="width: 20%;"><input type="checkbox"/> On farm</td> <td style="width: 20%;"><input type="checkbox"/> ____mile(s) from worksite</td> </tr> <tr> <td>2. Heat, Electricity, Clean Water</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>3. Smoke Detectors (All Bedrooms)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>4. Carbon Monoxide Detector (1 Central)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>5. First Aid Kit</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>6. 2:A Fire Extinguisher</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>7. Telephone</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>8. Stove, Refrigerator</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>9. Dishes, Glasses, Cooking Utensils</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>10. Vacuum Cleaner, Broom, Cleaning Tools</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>11. Kitchen Table and Chairs</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>12. Dressers, Beds w/Linens & Blankets; Bath Towels</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>13. Living Room Couch or Chair</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>14. TV with Satellite or Cable (Spanish channels)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		1. Housing Location	<input type="checkbox"/> On farm	<input type="checkbox"/> ____mile(s) from worksite	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
1. Housing Location	<input type="checkbox"/> On farm	<input type="checkbox"/> ____mile(s) from worksite																																									
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																																									
Please provide three references. One must be either your veterinarian or breeder: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name:</td> <td style="width: 33%;">Relationship:</td> <td style="width: 33%;">Phone:</td> </tr> <tr> <td>Name:</td> <td>Relationship:</td> <td>Phone:</td> </tr> <tr> <td>Name:</td> <td>Relationship:</td> <td>Phone:</td> </tr> </table>		Name:	Relationship:	Phone:	Name:	Relationship:	Phone:	Name:	Relationship:	Phone:																																	
Name:	Relationship:	Phone:																																									
Name:	Relationship:	Phone:																																									
Name:	Relationship:	Phone:																																									
Please provide other information that could help us identify and train prospective employee(s): _____ _____																																											