



APS

Agri-Placement Services, Inc.

DAIRY EMPLOYEE REQUEST FORM

Employer Name: Employer Federal ID #: Entity (circle one): Individual Corporation Partnership LLC Other		Employer Physical Address: Employer Mailing Address (if different):																																																									
Contact Person(s): Phone Number(s): Fax Number(s): Email(s):		Milk Coop Company: Contact Person & Phone #: Member #: Authorized Signers' Names:																																																									
# of Entry Level Employees Needed: Preferred Date of Need: Can Offer 60+ Hours of Work per Week: <input type="checkbox"/> Yes <input type="checkbox"/> No Hourly Wage:		Workers' Comp Ins Carrier: Policy #: Expiration Date: WC Contact Person & Phone #:																																																									
# of Cows Milking per Day: Milking Frequency (circle one): 2X 3X 4X Other:		Milking Shift for New Employee(s): Number of Milking Groups:																																																									
Milking Parlor Type (circle one): Herringbone Parallel Tie-stall Other:		Average Lbs per Cow per Day: Somatic Cell Count:																																																									
Floor Scraping System (circle one): Alley scraper Skidsteer Tractor Other:		Milking Units Per Side: Milking System Make & Model:																																																									
Methods/Practices: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Fore-strip Teats</td> <td style="width: 20%;"><input type="checkbox"/> Yes</td> <td style="width: 20%;"><input type="checkbox"/> No</td> <td style="width: 10%;"></td> </tr> <tr> <td>2. Wiping Material</td> <td><input type="checkbox"/> Paper</td> <td><input type="checkbox"/> Cloth</td> <td></td> </tr> <tr> <td>3. Milker Injects Cows</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></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> <td></td> </tr> <tr> <td>5. Milker Chases Groups</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No, others chase</td> <td></td> </tr> <tr> <td>6. Pre & Post Dip Same Solution</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></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																																	
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Please describe identification system for treated cows, e.g. red band means treated cow:																																																											
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Please provide other information that could help us identify and train prospective employee(s):																																																											