



DAIRY EMPLOYEE REQUEST FORM

<p>Employer Name: Employer Federal ID #: Entity (circle one): Individual Corporation Partnership LLC Other</p>	<p>Employer Physical Address: Employer Mailing Address (if different):</p>																																										
<p>Contact Person(s): Phone Number(s): Fax Number(s): Email(s):</p>	<p>Milk Coop Company: Contact Person & Phone #: Member #: Authorized Signers' Names:</p>																																										
<p># 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:</p>	<p>Workers' Comp Ins Carrier: Policy #: Expiration Date: WC Contact Person & Phone #:</p>																																										
<p># of Cows Milked per Day: Milking Frequency (circle one): 2X 3X 4X Other:</p>	<p>Milking Shift for New Employee(s): Number of Milking Groups:</p>																																										
<p>Milking Parlor Type (circle one): Herringbone Parallel Tie-stall Other:</p>	<p>Average Lbs per Cow per Day: Somatic Cell Count:</p>																																										
<p>Floor Scraping System (circle one): Alley scraper Skidsteer Tractor Other:</p>	<p>Milking Units Per Side: Milking System Make & Model:</p>																																										
<p>Methods/Practices:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Fore-strip Teats</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><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> </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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<p>Please describe identification system for treated cows, e.g. red band means treated cow:</p>																																											
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