APS Representative's Name:_____

APS
Agri-Placement Services, Inc.

NON-DAIRY EMPLOYEE REQUEST FORM

Business Name: **Business Federal ID #:** **Entity (circle one):** Individual Corporation Partnership LLC Other	**Business Physical Address:** **Business Mailing Address (if different):**
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: **Preferred Date of Need:**	**Work Shift for New Employee(s):** **Job Duration:** **Hourly Wage:** **Can Offer 60+ Hours of Work per Week:** ☐ **Yes** ☐ **No**

Banking Institution Name:
Bank Contact Person & Phone #:
Authorized Account Signers' Names:

Please briefly describe your business and the tasks to be performed *(attach additional sheets as necessary)*:

Equipment Operation Skills Needed *(attach additional sheets as necessary)*:

Housing:

1. Housing Location	☐ On-site	☐ ___mile(s) from worksite
2. Heat, Electricity, Clean Water	☐ Yes	☐ No
3. Smoke Detectors (All Bedrooms)	☐ Yes	☐ No
4. Carbon Monoxide Detector (1 Central)	☐ Yes	☐ No
5. First Aid Kit	☐ Yes	☐ No
6. 2:A Fire Extinguisher	☐ Yes	☐ No
7. Telephone	☐ Yes	☐ No
8. Stove, Refrigerator	☐ Yes	☐ No
9. Dishes, Glasses, Cooking Utensils	☐ Yes	☐ No
10. Vacuum Cleaner, Broom, Cleaning Tools	☐ Yes	☐ No
11. Kitchen Table and Chairs	☐ Yes	☐ No
12. Dressers, Beds w/Linens & Blankets; Bath Towels	☐ Yes	☐ No
13. Living Room Couch or Chair	☐ Yes	☐ No
14. High Speed Internet	☐ Yes	☐ No

Please provide three references:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Please provide other information that could help us identify and train prospective employee(s):