APS Representative's N	lame:
Date Form Submitted:	



DAIRY EMPLOYEE REQUEST FORM

Employer Name:		Employer Physical Address:	
Employer Federal ID #:			
Entity (circle one):		Employer Mailing Address (if different):	
Individual Corporation Partnership LLC C	Other		
Contact Person(s):		Milk Cooperative Company:	
DI N ()		Contact Person & Phone #:	
Phone Number(s):		Producer ID #:	
Cell Number(s):		Authorized Signers' Names:	
Fax Number(s): Email(s):		I understand that automatic or electronic payment of monthly fees will be required: ☐ Yes ☐ No	
# of Entry Level Employees Needed:		Workers' Comp Ins Carrier:	
Preferred Date of Need:		Policy #: Expiration Date:	
Can Offer Competitive Work Hours: Yes	s □ No	WC Contact Person & Phone #:	
How Many Hours of Work per Week:		We contact i cross a i none ".	
Competitive Hourly Wage:			
# of Cows Milked per Day:		Milking Shift for New Employee(s):	
Milking Frequency (circle one): 2X 3X 4	X Other:	Number of Milking Groups:	
Milking Parlor Type (circle one):		Average Lbs per Cow per Day:	
Herringbone Parallel Tie-stall Other:		Somatic Cell Count:	
Floor Scraping System (circle one):		Milking Units Per Side:	
Alley scraper Skidsteer Tractor Other:		Milking System Make & Model:	
Methods/Practices:	U.		
1. Fore-strip Teats		☐ Yes ☐ No	
Wiping Material		☐ Paper ☐ Cloth	
Milker Injects Cows		☐ Yes ☐ No	
Treated Cows in Separate Group	n	☐ Yes ☐ No, mixed in groups	
Milker Chases Groups	P	Yes No, others chase	
6. Pre & Post Dip Same Solution		Yes No	
Please describe identification system for to	reated cowe a	<u> </u>	
riease describe identification system for the	reated cows, e	e.g. red band means treated cow.	
Housing:			
riousing.			
 Housing Location 		☐ On farm ☐mile(s) from worksite	
2. Heat, Electricity, Clean Water		☐ Yes ☐ No	
3. Smoke Detectors (All Bedrooms)		☐ Yes ☐ No	
4. Carbon Monoxide Detector (1 Centr	al)	☐ Yes ☐ No	
5. First Aid Kit	,	☐ Yes ☐ No	
6. 2:A Fire Extinguisher		☐ Yes ☐ No	
7. Telephone (access to phone for 911	emergency)	☐ Yes ☐ No	
8. Stove, Refrigerator	ciriol gerioy)	☐ Yes ☐ No	
9. Dishes, Glasses, Cooking Utensils		☐ Yes ☐ No	
	Toolo		
10. Vacuum Cleaner, Broom, Cleaning	10018	☐ Yes ☐ No	
11. Kitchen Table and Chairs		☐ Yes ☐ No	
Dressers, Beds w/Linens & Blankets	s; Bath Towels		
Living Room Couch or Chair		☐ Yes ☐ No	
14. High Speed Internet		☐ Yes ☐ No	
Please provide three references. One must be either your veterinarian or breeder:			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Please provide other information that coul	Please provide other information that could help us identify and train prospective employee(s):		