



NON-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): Cell 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:	Competitive Hourly Wage: Can Offer Competitive Work Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No How Many Hours of Work per Week:																																										
Banking Institution Name: Bank Contact Person & Phone #: Authorized Account Signers' Names: I understand that automatic or electronic payment of monthly fees will be required: <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
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: <table><tr><td>1. Housing Location</td><td><input type="checkbox"/> On-site</td><td><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 (access to phone for 911 emergency)</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. High Speed Internet</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>		1. Housing Location	<input type="checkbox"/> On-site	<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 (access to phone for 911 emergency)	<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. High Speed Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please provide other information that could help us identify and train prospective employee(s): 																																											