



Dream Farms Heifer Raising

13689 Dream Hwy, Newburg, PA 17240 • Phone 717-477-0992

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification.

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Position(s) Applying For:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cattle Handler | <input type="checkbox"/> Herd Health | <input type="checkbox"/> AI Breeder |
| <input type="checkbox"/> TMR Feeder | <input type="checkbox"/> Wet Calf Feeder | <input type="checkbox"/> Truck Driver |
| <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Shop | <input type="checkbox"/> Office |
| Other _____ | | |

Date Available _____ Expected Rate of Pay: \$ _____

Would you accept: Full-time work? ☐ Yes ☐ No Part-time? ☐ Yes ☐ No

Have you been employed here before? ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

Current Rate of Pay: \$ _____

If you are under 18 years of age, can you provide a work permit if required?
☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
(If yes, proof is required if hired)

Have you ever been convicted of a crime? ☐ Yes ☐ No
If so, when, where and what was the disposition of the case?

Education and Additional Training

High School _____ Diploma _____
From _____ To _____ Did you graduate? ☐ Yes ☐ No

College/Trade School _____ Degree _____
From _____ To _____ Did you graduate? ☐ Yes ☐ No

Other _____ Degree _____
From _____ To _____ Did you graduate? ☐ Yes ☐ No

Specific licenses, certificates, or training _____

For Office Use Only

Date Received _____

Employee # _____

Hire Date _____

Position _____

Dept. _____

Rate \$ _____

Notes _____

Attachments:

- _____ Resume
- _____ Reference Checks
- _____ Employee Data Card
- _____ Local Tax Sheet
- _____ W-4
- _____ I-9
- _____ Drug/Alcohol Policies
- _____ Handbook Receipt
- _____ Orientation Checklist
- _____ Animal Welfare Sheet

Type of work you have done and amount of experience you have:

Pen bedding/ cleanout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Alley scraping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Feed hauling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
TMR feeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Wet calf feeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Cattle handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Cattle hauling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Hoof trimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Footbaths	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Hospital pen care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Calf diagnosis/ treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Vaccinations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
AI/ Breeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Pregnancy checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Computer use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Skid Loader	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Dump Truck Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Mechanic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience
Facility Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Years of experience

Do you have a valid Driver's License? ☐ Yes ☐ No License Class: _____ A _____ B _____ C
 If Class A or B License, do you have a current CDL Medical Examiner Card? ☐ Yes ☐ No

Previous Employers and Addresses: (Please complete even if attaching resume)

1. Company Name _____
 Address _____
 Position/Duties _____
 Reason for leaving _____ Employed From _____ To _____
 Contact Name & Title _____ Phone () _____ - _____
2. Company Name _____
 Address _____
 Position/Duties _____
 Reason for leaving _____ Employed From _____ To _____
 Contact Name & Title _____ Phone () _____ - _____
3. Company Name _____
 Address _____
 Position/Duties _____
 Reason for leaving _____ Employed From _____ To _____
 Contact Name & Title _____ Phone () _____ - _____
4. Company Name _____
 Address _____
 Position/Duties _____
 Reason for leaving _____ Employed From _____ To _____
 Contact Name & Title _____ Phone () _____ - _____

(If additional space is required, please use the back of this page)

References: Please include full name and phone number.

1. _____ Phone () _____ - _____
2. _____ Phone () _____ - _____
3. _____ Phone () _____ - _____

I certify that all the information submitted by me on this application is true, accurate and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if already employed, my employment may be terminated at any time.

Applicant's Signature _____ Date _____