# Introduction

# Human Resources Templates

This packet includes human resources (HR) templates that dairy farms can tailor for use on their operation. The templates are provided for informational purposes only. Farms are responsible for determining whether the templates meet compliance requirements of their applicable local, state, or federal laws and regulations. National Milk Producers Federation and the National Dairy FARM Program are not responsible for the content of these templates, and under no circumstances shall we have any liability to you for any loss or damage of any kind as a result of the use of the templates or reliance on any information provided in the templates. Once downloaded by an organization or an individual, these templates and their content become the sole property and responsibility of the organization or individual.

## Instructions

The following templates should be tailored by the individual farms to best suit the operation’s needs. Some fields in the templates can be filled in directly through the Word document.

Fill in the Company / Dairy Name here, then press Ctrl+A, then F9. This will automatically update the company name throughout the templates.

Company Name: Click or tap: Company Name

Additional instructions and notes are provided for the following templates.

*Job Application – Long*

It is important to note that employers cannot discriminate against an individual for a temporary work authorization that does not require employer sponsorship. However, in general, employees are permitted to ask about whether an individual currently or will need employer-sponsored work authorization. See the following resource: <https://www.laboremploymentperspectives.com/2012/08/30/employment-authorization-ask-but-ask-carefully-part-2/>

Additionally, many of the top dairy-producing states are ‘ban the box’ states where you cannot ask an applicant a yes/no question about criminal history on a job application. Farms should check with a licensed attorney in their state before adding such a question to their job application form.

If conducting a background check, a background check authorization form must be included as a separate signed document. State laws vary in the type of disclosures that you must give individuals when conducting a background check. Consult with a licensed attorney and/or ask the company that you use for background checks to give you a form and disclosure documents specific to your state(s).

*Interview Questionnaire Form*

The form can be used to take notes during an interview and rate an applicant based on their responses. Questions should be selected ahead of time and should be the same for each interviewee.

*Employee Training Log*

Employees and supervisors can track all of the training an employee has received using a training log. The training log can be combined with the FARM Animal Care Dairy Cattle Care Training Log or kept separately. The top portion should be signed once all new hire trainings are complete.

*Compensation Change Form*

State law may have specific requirements on what information must be given to an employee when there is a change in pay and when they must be informed of the change. Check state law before using the following form as a notice to an employee

*Employee Safety Incident Reporting Form*

This form can be used to track injuries, even minor ones, as well as near misses. This form DOES NOT replace First Report of Injury forms required by workers’ compensation, or any other legally required injury or illness reporting or recordkeeping. Documenting injuries and near misses helps identify trends; however, the documents may be discoverable during litigation. Work with a licensed attorney or safety consultant to understand how best to approach documentation for your operation.

*Emergency Poster*

All workers should know exactly what to do and who to call in case of an emergency. Consider displaying a poster, like the example provided, to remind everyone what to do. Posting the names and telephone numbers of emergency contacts in a prominent place in farm-provided housing in employees’ native languages speeds up communications in an emergency.

*Repair Journal System*

The following can be printed or placed in a binder accessible to all workers. Workers can fill out the first three columns to request housing repairs or information. A manager who checks the binder will fill out the last three columns.

This resource is not a legal document and is intended for educational purposes only. Dairy farmers are individually responsible for determining and complying with all requirements of local, state and federal laws and regulations.

## Job Description Worksheet

This worksheet can be filled in to help dairy owners and managers develop a job description.

**Dairy Name:** Click or tap: Company Name

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Hiring Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Summary:**

*The summary should be a short description of the job, about 3 or 4 sentences. It can include what the job is, where it is located, whether there are any special qualifications or physical requirements. The summary can be used in a public job posting.*

**Duties, Tasks, and Responsibilities:**

*This section should list the duties and tasks the employee will perform. If the role involves several types of responsibilities, the dairy may wish to group them. For example, a Milker may have ‘Milking Responsibilities’ (prepare milking equipment, milk all cows in orderly fashion, etc.); ‘Milking Related Activities’ (maintain treatment records, assist in ordering supplies, etc.); and, ‘Other Responsibilities’ (other duties as assigned, maintenance of free-stalls, maintenance of vacuum pumps, etc.). Dairies may wish to specify the approximate % of time spent in each type of responsibility.*

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision:**

*State what job/role this position reports to and what level of supervision the job will receive (e.g. regular, minimal, etc.).*

* Position reports to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job receives (Minimal / Regular / Other) supervision.

**Qualifications:**

*Some jobs require past experience or educational qualifications. This section should describe those requirements. If applicable, qualifications can be divided into those that are ‘required’ and those that are ‘preferred’. Avoid statements that might be discriminatory on grounds of any protected class, like race, gender, age, or national origin.*

Experience, type and years required (e.g. 3-5 years working with large animals):

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education and Training (e.g. high school diploma or GED; food safety training):

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications / License (e.g. driver’s license)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skills, Abilities, and Attributes (e.g. ability to read / write, ability to operate computer, attention to detail)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Requirements:**

*List and describe any special physical requirements of the job. The following list can be used as a starting point; check any of the following are required on a day-to-day or infrequent basis.*

|  |  |  |
| --- | --- | --- |
| Strength (Lifting, Carrying, Pulling, Pushing) | Kneeling | Crawling |
| Standing | Climbing | Reaching |
| Walking | Stooping | Balancing |
| Sitting | Crouching | Talking |
| Hearing | Seeing (near/far) | Depth perception |
| Color vision | Field of vision |  |

**Work Environment / Conditions:**

*Describe the environment for this position. Include information pertaining to temperature fluctuations or excesses, noise level, chemical irritants, dust or allergen exposure.*

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schedule:**

*Describe the typical hours or shifts. Is the position part-time or full-time? Does it entail overnight shifts? What are the typical hours per week? Does the workload vary by season?*

**Compensation:**

*It is optional to specify a starting wage, but it can benefit recruiting efforts. Dairies may consider listing a wage range, with a note that the exact compensation depends on experience. Owner and managers may also wish to list incentive or bonus programs.*

**Non-Wage Benefits:**

*Highlight non-wage benefits that the dairy offers, like paid health insurance, paid vacation leave, or housing. The job description does not need to contain a full list of non-wage benefits. This section is to help with recruiting.*

**External Resources:**

* Cornell University PRO-DAIRY Program, Job Description Development Worksheet, <https://prodairy.cals.cornell.edu/business-management/resources/>
* PennState Extension, Job Description Generator for the Dairy Industry, <https://extension.psu.edu/job-description-generator-for-the-dairy-industry>
* PennState Extension, Job Descriptions: The Building Blocks of Organizations, <https://extension.psu.edu/job-descriptions-the-building-blocks-of-organizations>
* Purdue Extension, Developing Effective Job Descriptions for Small Businesses and Farms, <https://www.extension.purdue.edu/extmedia/ec/ec-728.pdf>
* University of Nebraska – Lincoln Extension, Examples of Job Descriptions for Major Positions on Dairy Farms, <http://extensionpublications.unl.edu/assets/pdf/g1585.pdf>

## Job Application Form - Short

Thank you for your interest in applying for a job at Click or tap: Company Name.Please complete the following application completely and truthfully.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Information** | | | | |
| First Name: | | | Last Name: | |
| Address: | | | Date of Application: | |
| Phone Number: | | | Email Address: | |
| Are you authorized to work lawfully in the United States? □ YES □ NO | | | Do you authorize this farm to contact your references? □ YES □ NO | |
| **Job Information** | | | | |
| Position applying for (if known): |  | | | |
| Available start date: |  | | | |
| Desired pay: |  | | | |
| **Qualifications** | | | | |
| Education or Training: |  | | | |
| Licenses / Certificates: |  | | | |
| Other: |  | | | |
| **References:** Please provide three work-related references that can talk about your qualifications and employment history. Do not list family members. | | | | |
| Name | | Phone Number | | Relationship |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

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

## Job Application Form - Long

Thank you for your interest in applying for a job at Click or tap: Company Name. Please complete the following application completely and truthfully. You may also attach a resume if you desire. Any person found to have intentionally misrepresented or omitted any material fact in this application will automatically be disqualified from further consideration of employment.

**Personal Information**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: | Date of Application: |
| Phone Number: | Email Address: |

Are you interested in: □ Part time □ Full Time □ Temporary □ Seasonal

**Days and Hours Available**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
| From | From | From | From | From | From | From |
| To | To | To | To | To | To | To |

Are you authorized to work lawfully in the United States for Click or tap: Company Name? □ Yes / □ No

Will you now or in the future require Click or tap: Company Name to commence (“sponsor”) an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called “sponsorship” for an employment-based visa status. □ Yes / □ No

Do you authorize Click or tap: Company Name to contact your references? □ Yes / □ No

If selected for employment, will you consent to a background check? □ Yes / □ No

**Job Information**

|  |  |
| --- | --- |
| Position applying for (if known): |  |
| Available start date: |  |
| How did you learn about this position? |  |
| Desired pay: |  |
| Desired hours: |  |

**Interests & Experience**

Why are you interested in working on a dairy farm?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you belong to any organizations, clubs, advocacy groups?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Driver’s License? □ Yes / □ No

Do you have a valid Commercial Driver’s License? □ Yes / □ No If yes, class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of your Driver Licenses subject to any conditions? □ Yes / □ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle each one of the following in which you have experience:

**Milking Equipment Maintenance:** Vacuum pumps / Refrigerant Levels / Pulsators / Milk lines / Milk Hoses / Wash cycles / Hydraulics

**Field Work:** Hand Line Irrigator / Pivots / Wheel line

**Milk Parlor:** Milker (Herringbone / Parallel / Rotary) / Pusher

**Herdsman/Maternity/ Hospital:** Meat Withhold Periods / IV treatments / Artificial Insemination / Heat Detection / Foot Health / Body Condition Scoring / Mastitis Prevention / Mastitis Treatment

**Programs:** DHI plus / Dairy Comp / Dairy Quest

**Vehicle Operation:** Manual Transmission / Manure Truck / Side Dump Trailer / Belly Dump Trailer Feed Truck / Front End Loader / Bobcat / Scraper Tractors / Swather / Hay Rake/Merger / Hay Bailer

**General Maintenance**: Machinist / Mechanic / Welder **/** Carpenter / Electrician / Plumber / Welder

List your qualifications for the job. Use the job description as a reference for what the position requires.

|  |  |
| --- | --- |
| Education or Training: |  |
| Licenses / Certificates: |  |
| Other: |  |

**Employment History**

Please list your last three jobs.

(1) Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title & Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title & Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title & Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide three work-related references that can talk about your qualifications and employment history. Do not list family members.

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Comments**

Please provide any additional information relevant to your application.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Job Application Form Employer Comments

Staple this sheet to any job application you receive to keep track of next steps.

Application received on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application reviewed by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up (check all that apply):

* Reviewed application and declined to interview.
* Reviewed application and will call to schedule an interview
  + Scheduled an interview for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time)
* Interviewed the applicant but decided not to offer them the position. Notified the applicant of the decision on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
* Offered the applicant the position on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). Asked them to accept or reject the offer by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
* Candidate rejected the job offer.
* Candidate accepted the job offer and will be starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

## Interview Questionnaire Form

|  |  |
| --- | --- |
| Name of applicant: | Date: |
|  |  |
| Position interviewing for: | Interview conducted by: |
|  |  |

|  |  |
| --- | --- |
| Question | Response Notes |
| *E.g. Tell me about your dairy experience.* |  |
|  |  |
|  |  |
|  |  |
|  |  |

Additional notes or feedback about the candidate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Overall applicant rating. Circle one after the interview:

5 – Excellent 4 – Above Average 3 – Average 2 – Below Average 1 – Poor

## Employee Emergency Contact Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Contact Info:**

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Info:**

(1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have voluntarily provided the above contact information and authorize my employer and its representatives to contact any of the above in the event of an emergency.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Progressive Disciplinary Action Form

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Disciplinary Action: (Check all that apply.)

\_\_\_ Quality \_\_\_Productivity \_\_\_ Safety \_\_\_\_Conduct \_\_\_ Attendance

\_\_\_\_ Insubordination \_\_\_ Housekeeping \_\_\_ Miscellaneous

You are receiving this disciplinary warning because of the following actions. (Describe in detail in behavioral terms.)

Unless this problem is corrected, further disciplinary action will be taken up to and including the termination of your employment. (Check the appropriate step in the progressive discipline policy.)

\_\_\_\_\_ Written Verbal Warning

\_\_\_\_\_ Written Warning

\_\_\_\_\_ 1-Day Suspension OR

\_\_\_\_\_ 3-Day Suspension OR

\_\_\_\_\_ 5-Day Suspension OR

\_\_\_\_\_ Employment Termination

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received this disciplinary action and understand that unless this problem is corrected, further disciplinary action will be taken up to and including the termination of my employment.

Employee comments (if any):

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## New Hire Checklist

**Before Employment**

*□Basic Information to Give New Hire Before They Start*

* When to arrive on the first day
* Who to ask for upon arrival
* What documents to bring on the first day (i.e. passport, driver’s license, or other identification for I-9 verification)
* What to wear
* Where to park

*□Inform other employees or family that a new employee will be starting on \_\_\_\_\_\_\_\_\_\_\_\_ date.*

*□If applicable, ensure any materials and equipment are ready before the employee starts.*

*□Plan for safety and job training*

The new employee will need to be trained, both to do their job and on safety procedures. Before they start their first day, the dairy owner / manager should be sure to have a plan for who will train the employee and when.

**First Day**

*□ Introduce the Farm’s Mission, Vision, Culture and Identity*

Upon the new hire’s arrival, give a warm welcome, an explanation of how the day will unfold, and take a few moments to explain the organization’s:

* culture (organization background)
* values
* vision and mission (what you believe, how you operate and an explanation of your goals)

*□Review New Hire Paperwork*

* I-9 Employee Eligibility Verification
* W-4 Federal Employee Withholding
* State Tax Withholding Forms
* Work Agreement and/or Job Description Form (Requirement varies by state)
* Signed Deduction Authorizations (Requirement varies by type and state)
* Dairy Cattle Care Ethics Agreement

*□Review Company Policies and Procedures*

Go over the dairy’s policies and procedures, using the employee handbook as a guide, if applicable. If the dairy requires the employee to sign an acknowledgment of policies or the handbook, be sure to give ample time for the employee to review the documents. Employees with low literacy may need to have the documents read out-loud. Dairy’s that often hire non-fluent English speakers should expect to translate written policies. Items that can be covered include:

* Work or shift hours
* Overtime policy, if applicable
* Leave: vacation, sick
* Attendance and absences
* Breaks
* Drug-free workplace
* Discipline procedure
* Performance reviews
* Discrimination and harassment
* Safety policies and procedures
* Training procedures
* Animal care

*□Discuss Timesheets and Pay Schedule*

If employees will be expected to fill out a timesheet or similar form to record hours, the owner / manager or supervisor should explain the procedure on the first day. The employee should be told the procedure for payment and the payday. If applicable, provide enrollment forms for direct deposits.

*□Review Benefits and Related Forms*

On the first day, the owner / manager or supervisor should discuss non-wage benefits that the dairy may offer, like health insurance or retirement plans. Enrollment forms should be shared with the employee with instructions on how to complete them and where to return them.

*□Review the Job Responsibilities*

Review the responsibilities of the employee’s new job. The written job description is a helpful guide to outline key duties and expectations. Some dairies may wish to have a new employee sign the job description to confirm their understanding of the role.

*□Equipment*

Give the employee the required equipment, including keys, cell phone

Complete all paperwork Review the pay and payment schedule. Make sure the employee signs the appropriate income tax forms. Have the new hire complete an emergency contact form.

*□Welcome and walking tour*

Conduct a walking tour of the dairy with the new employee. Point out important areas, like break areas, bulletin boards, and bathrooms. Show the employee the location where legally-required labor and safety posters are displayed. Introduce the new employee to staff – explain each person’s role and vice versa. Provide the new employee with an organizational chart, if available. Assigning a “buddy” to each new employee is helpful for answering simple questions that might come up in the first couple of months of employment.

*□* *Schedule or conduct safety and job training*

Some training may be conducted on the first day (especially safety training). Other training may happen over the course of the first few weeks.

## Employee Training Log

I confirm that I have received training in my all of my job responsibilities, health and safety procedures, animal care, and stockmanship.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Name: Click or tap: Company Name

Farm Owner/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Description of training(s) received:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

## Group Training Attendance Form

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length (hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Content:

By signing this form, you are confirming your attendance at the training session(s) detailed above.

|  |  |
| --- | --- |
| Employee Name | Signature |
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## Performance Review Form

|  |  |
| --- | --- |
| Employee Name: | Supervisor Name: |
| Date of Review: |  |

**Supervisor Assessment**

*To be completed by the supervisor prior to the performance review meeting.*

How would you rate the employee’s performance in each of the following job areas? Check one and write in any relevant notes. Where possible, include quantitative measures of performance in the notes (for example, was tardy 0 times in the past year).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job area | Excellent | Good | Average | Poor | Notes |
| Job knowledge |  |  |  |  |  |
| Work quality |  |  |  |  |  |
| Technical skills |  |  |  |  |  |
| Consistency |  |  |  |  |  |
| Productivity |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Work Relations |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Attendance |  |  |  |  |  |

**Employee Assessment**

To be completed by the employee prior to the performance review meeting.

*How would you rate your performance in each of the following job areas? Check one and write in any relevant notes. Where possible, include quantitative measures of performance in the notes (for example, was tardy 0 times in the past year).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job area | Excellent | Good | Average | Poor | Notes |
| Job knowledge |  |  |  |  |  |
| Work quality |  |  |  |  |  |
| Technical skills |  |  |  |  |  |
| Consistency |  |  |  |  |  |
| Productivity |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Work Relations |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Attendance |  |  |  |  |  |

**Performance Review Meeting**

Discuss areas where the employee is excelling and doing a good job. Record any notes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Discuss opportunities for improvement. Record any notes.

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Discuss what resources the employee needs to help them improve, for example more training.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Talk about the employee’s career goals – where do they want to be in the next year? In the next 5 years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Set concrete goals for the next year.

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By signing this form, you confirm that you participated in the performance review meeting. Signing this form does not necessarily mean that you agree with the performance evaluation.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Compensation Change Form

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Salary Change**

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Change:

* Cost of Living / Annual Adjustment
* Merit Increase
* Promotion Increase
* Salary Decrease
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year

Proposed Salary Change: \_\_\_\_\_\_\_\_ % OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour / per year

New Proposed Salary: $\_\_\_\_\_\_\_\_\_\_ per hour OR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year

**Explanation for Change**

Use the space below to provide a rationale for the above change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature Approvals**

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Acknowledgment**

By signing this form, you acknowledge that you received the above salary change information.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Break Relief Schedule Sheet

|  |  |
| --- | --- |
| Date | Supervisor Name |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | **1st Break**  **\_\_\_ Minutes** | | **2nd Break**  **\_\_\_ Minutes** | | **Meal Period**  **\_\_\_ Minutes** | |
| Time Scheduled | Actual | Time Scheduled | Actual | Time Scheduled | Actual |
|  |  |  |  |  |  |  |
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## Employee Safety Incident Reporting Form

**Instructions:** Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

|  |  |  |  |
| --- | --- | --- | --- |
| I am reporting a work-related: □ Injury □ Illness □ Near miss | | | |
| Employee Name: | Position: | | |
| Supervisor: |  | | |
| Date of injury/near miss: | Time: | □ A.M. | □ P.M. |
| Where, exactly, did it happen? | | | |
| What were you doing at the time of the incident/injury? | | | |
| Describe clearly and in detail what happened/how you were injured (use the back of the page if needed): | | | |
| Part(s) of body that was injured (be specific - such as left hand or right thumb). If a near miss, what part(s) of the body could have been hurt? | | | |
| What could have been done to prevent this injury/near miss? | | | |
| Describe any First Aid given at the scene of the injury: | | | |
| Did you see a doctor about this injury/illness? □ Yes □ No | | | |
| Who did you report the incident/injury to? | | | |
| When did you report the incident/injury? (give date and time): | | | |
| Name all witnesses (if any): | | | |
|  | | | |
| Employee signature: | | Date: | |

## Housing Orientation Checklist

Orientation Performed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **TOPIC** | **TALKED ABOUT?**  **If Yes,** ✓ |
| Responsibilities |  |
| House Rules |  |
| Reporting Repair Needs |  |
| Emergency Situations |  |
| Inspection Process and Schedule |  |
| Kitchen |  |
| Bathrooms |  |
| Bedrooms |  |
| Windows and Doors |  |
| Washer and Dryer |  |
| Common Areas |  |
| Heating and/or Air Conditioner |  |
| Water System |  |
| Smoke/Carbon Monoxide Alarms |  |
| Waste |  |

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Housing Inspection Checklist

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Condition** | | **Cleanliness** | | | **Notes** |
|  | Working | Damaged / Broken | Good | OK | Bad |  |
| **Living Room** |  |  |  |  |  |  |
| Floor & Floor Covering |  |  |  |  |  |  |
| Walls & Ceiling |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |
| Lighting Fixtures |  |  |  |  |  |  |
| Windows & Screens |  |  |  |  |  |  |
| Window Coverings |  |  |  |  |  |  |
| Smoke Alarm |  |  |  |  |  |  |
| Carbon Monoxide Alarm |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Kitchen** |  |  |  |  |  |  |
| Floor & Floor Covering |  |  |  |  |  |  |
| Walls & Ceiling |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |
| Lighting Fixtures |  |  |  |  |  |  |
| Windows & Screens |  |  |  |  |  |  |
| Window Coverings |  |  |  |  |  |  |
| Cabinets and Drawers |  |  |  |  |  |  |
| Counters |  |  |  |  |  |  |
| Stover/Burners, Controls |  |  |  |  |  |  |
| Oven/Range Hood |  |  |  |  |  |  |
| Refrigerator |  |  |  |  |  |  |
| Dishwasher |  |  |  |  |  |  |
| Sink & Plumbing |  |  |  |  |  |  |
| Garbage Disposal |  |  |  |  |  |  |
| Fire Extinguisher |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Bathrooms** |  |  |  |  |  |  |
| Floor & Floor Covering |  |  |  |  |  |  |
| Walls & Ceiling |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |
| Lighting Fixtures |  |  |  |  |  |  |
| Windows & Screens |  |  |  |  |  |  |
| Window Coverings |  |  |  |  |  |  |
| Counters & Surfaces |  |  |  |  |  |  |
| Sink & Plumbing |  |  |  |  |  |  |
| Hot Water |  |  |  |  |  |  |
| Bathtub/Shower |  |  |  |  |  |  |
| Toilet |  |  |  |  |  |  |
| Inside Drawers |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Bedrooms** |  |  |  |  |  |  |
| Floor & Floor Covering |  |  |  |  |  |  |
| Walls & Ceiling |  |  |  |  |  |  |
| Doors |  |  |  |  |  |  |
| Lighting Fixtures |  |  |  |  |  |  |
| Windows & Screens |  |  |  |  |  |  |
| Window Coverings |  |  |  |  |  |  |
| Closets, including Doors |  |  |  |  |  |  |
| Smoke Alarm |  |  |  |  |  |  |
| Beds |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| Heating System |  |  |  |  |  |  |
| Air Conditioning System |  |  |  |  |  |  |
| Stairs |  |  |  |  |  |  |
| Hallway |  |  |  |  |  |  |
| Lawn & Garden |  |  |  |  |  |  |
| Patio, Terrace, Deck, etc. |  |  |  |  |  |  |
| Parking Area |  |  |  |  |  |  |
| Front/Back Porch |  |  |  |  |  |  |
| Trash Area |  |  |  |  |  |  |

Additionally, each inspection should confirm that there are enough beds for all occupants. Beds should be at least 3 feet apart and 1 foot off the floor. Bunk beds should be 4 feet apart.

Housing Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Adapted from Cornell Agricultural Workforce Development.*

## Emergency Contacts

**Farm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner / Manager: Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR GENERAL EMERGENCIES, CALL 9-1-1**

**A First Aid Kit is Located:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Urgent Maintenance: Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nighttime Urgent Maintenance: Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Closest Medical Facility: Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Poison Control Phone Number:**

**Local Police Phone Number:**

## Repair Ticket

This form can be used by workers to request repairs or housing information.

**Name:** **Date:** **Housing Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problem or Question:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ticket Picked Up By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Date for Follow-Up / Repairs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completion Date for Follow-Up / Repairs:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Repair Journal System

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OCCUPANT** | | | **MANAGEMENT** | | |
| **Repair Needed** | **Occupant Name, Date Reported** | **Housing Location** | **Manager Name, Date Checked, Note** | **Date Repair Expected** | **Date Repair Completed** |
| **Stove burner not working** | **Juan 5/4/2018** | **House #3** | *Greg, 5/5/2018, burner just loose,*  *cleaned and fixed.* | *5/5/2018* | *5/5/2018* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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*Adapted from Cornell Agricultural Workforce Development.*

## Cleaning Schedule

This suggested cleaning schedule can help farm housing occupants plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **DAILY TASKS** | **WEEKLY TASKS** | **OCCASIONAL CHORES** | **SEASONAL CHORES** |
| Kitchen | | | |
| Wash dishes  Wipe countertops  Wipe out sink  Empty garbage  Sweep floor | Dispose of leftover food  Mop floor  Clean garbage pail  Wipe out microwave | Clean drip pans on range  Clean oven  Defrost and clean refrigerator  Wash walls and woodwork | Clean cupboards  Scrub floors |
| Bathroom | | | |
| Wipe our sink and tub  Replace soiled towels  Empty waste baskets | Wash floor  Launder towels  Clean toilet bowl  Wipe tile surfaces  Clean mirrors  Clean sink, shower and tub | Wash bath mat  Wipe walls and woodwork | Clean closets |
| Living Room | | | |
| Clean ash trays  Dispose of papers  Straighten magazines, DVDs, CDs and throw pillows | Vacuum rugs and furniture  Vacuum or dust floors  Dust furniture, lamps and accessories | Shampoo rugs and furniture  Wipe lamp shades  Move and clean under furniture  Wash windows and curtains  Dust books and pictures | Clean closets  Clean screens or storm windows  Wax floors  Wipe walls and woodwork  Scrub floors |
| Bedrooms | | | |
| Put away clothes | Launder bed linens  Vacuum and dust | Turn mattresses  Wash mattress covers and pad  Wash pillows  Wipe walls and woodwork | Wash or dry clean blankets and spread  Organize closets |

*Adapted from Kansas State University Cooperative Extension.*