

**VAN DER GEEST DAIRY CATTLE INC.**

**FAX: 715-675-7945 OR PHONE: 715-675-6043**

**If you are hired, you will need to provide current forms of identification required by law.**

**Date of Application** \_\_\_\_\_ **If hired, date available to begin** \_\_\_\_\_

**ARE YOU LOOKING TO WORK FULL TIME** \_\_\_\_\_ **PART TIME** \_\_\_\_\_ **SEASONAL** \_\_\_\_\_?

**GENERAL FARM WORK** \_\_\_\_\_ **MILKING** \_\_\_\_\_ **FIELDWORK** \_\_\_\_\_ **MECHANIC** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**PERSONAL INFORMATION**

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

**SSN:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Position applying for:**

**How did you hear about us?**

\_\_\_\_ Wausau Daily Herald

\_\_\_\_ Website

\_\_\_\_ Buyer's Guide

\_\_\_\_ Foto News

\_\_\_\_ Job Services

Other: \_\_\_\_\_

**EDUCATION & TRAINING**

1. **Were you raised on a farm:** \_\_\_\_\_ **size:** \_\_\_\_\_

2. **Did you graduate from High School:** \_\_\_\_\_ **Year:** \_\_\_\_\_

3. **Any College or Technical Schooling:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_

4. **Do you have a valid U.S. driver's license?** \_\_\_\_\_

5. **Do you have your own transportation?** \_\_\_\_\_

6. **If you are not a U.S. Citizen, do you have a legal permit which allows you to work in the U.S.?** \_\_\_\_\_

7. **Can you ( check all that apply to you):**

\_\_\_\_ Milk cows

\_\_\_\_ Maternity

\_\_\_\_ Feeding calves

\_\_\_\_ Operate Equipment (please explain what types)

\_\_\_\_ Drive a stick shift

\_\_\_\_ Repair equipment (explain)

\_\_\_\_ Other Skills \_\_\_\_\_

8. **Do you have any physical limitations which would not allow you to perform the available jobs or that would require special accommodations?**

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

VAN DER GEEST DAIRY CATTLE, INC.  
5555 County Highway A  
Merrill, WI 54452

WORK EXPERIENCES

**#1-PRESENT JOB:**

Name of employer: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ can we contact them: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for looking for other employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Number of hours per day: \_\_\_\_\_ how many days off per week: \_\_\_\_\_

Current Wage: \_\_\_\_\_ other benefits: \_\_\_\_\_

**#2-PREVIOUS JOB:**

Name of employer: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ can we contact them: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for looking for other employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Number of hours per day: \_\_\_\_\_ how many days off per week: \_\_\_\_\_

Current Wage: \_\_\_\_\_ other benefits: \_\_\_\_\_

**#3-PREVIOUS JOB:**

Name of employer: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ can we contact them: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for looking for other employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Number of hours per day: \_\_\_\_\_ how many days off per week: \_\_\_\_\_

Current Wage: \_\_\_\_\_ other benefits: \_\_\_\_\_

**REFERENCES**

(farm related if possible, otherwise former employers, etc.)  
*NO relatives or friends!*

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

Phone: ( ) \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

**Any additional comments or questions:**

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**ACKNOWLEDGEMENT & AUTHORIZATION**

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

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**Signature**

**Date**

**PLEASE COMPLETE THE QUESTIONS ON THE FOLLOWING PAGES.  
WE WILL CHECK YOUR REFERENCES AND QUALIFICATIONS.**  
(Applications will be kept on file for 6 months)

**AFTER SUBMITTING THIS APPLICATION, YOU WILL BE ELIGIBLE FOR A RANDOM  
DRUG AND ALCOHOL SCREENING PRIOR TO EMPLOYMENT.**

**THANK YOU.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

1. Have you worked on a dairy farm before? Yes No

If yes, what size dairy? \_\_\_\_\_

How long did you work on a dairy farm? \_\_\_\_\_

What were your duties? (list all your job duties and how long you've performed these duties). Use back if you need more space. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you like working with dairy cattle? Yes No

If yes, Why? \_\_\_\_\_  
\_\_\_\_\_

3. Do you have experience palpating cattle? Yes No If yes, How many years? \_\_\_\_\_

4. Do you have experience artificially inseminating cattle? Yes No If yes, How many years? \_\_\_\_\_

5. Do you have experience administering IV to cattle? Yes No If yes, How many years? \_\_\_\_\_

6. Do you have experience vaccinating cattle? Yes No If yes, How many years? \_\_\_\_\_

7. Do you have experience treating cattle with antibiotics? Yes No If yes, How many years? \_\_\_\_\_

8. Do you have any additional education in any of the above fields discussed? Yes No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you operated equipment before? Yes No

If yes, what was it and how much experience? Ex Skid steer New Holland 160 approx 100 hours. List all. –

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10. Have you driven semi-tractor? If yes what kind, approx. years and miles? \_\_\_\_\_

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11. Do you like to operate equipment? Yes No

If yes, why? \_\_\_\_\_

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12. Have you serviced and worked on equipment? Yes No

If yes years of experience? What did you do? Motor work, transmissions, oil changes, replaced worn parts?

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13. Can you fabricate iron? Yes No

If yes what can you do, weld wire or stick weld. Torch or run a plasma cutter. \_\_\_\_\_

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How many hours of experience? \_\_\_\_\_

14. Hours of work. The job entails 6-7 days a week 12-14 hours a day at certain times of the year does this raise any problems for you? Yes No

15. Are there any times of the day or days of the week that you could not work? \_\_\_\_\_

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16. Do you mind working out in the environment? Cold/Heat etc.? Yes No

17. Are you or have you ever been a member of an animal rights group? Yes No

If yes, how deeply involved in the organization are/were you? \_\_\_\_\_

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18. Do you have any experience managing other employees? Yes No

If yes, please explain. \_\_\_\_\_

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19. What was your last job and duties at that job? Why did you leave that job?

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20. Best time to contact you and at what number? \_\_\_\_\_

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**Agent MVR Authorization**

In accordance with the Federal Driver's Privacy Protection Act, I authorize Leon Woller, on behalf of Rural Mutual Insurance, to disclose any and all information contained in my Motor Vehicle Record (MVR) to my employer, Van Der Geest Transportation Inc. It is my understanding that the information contained in my MVR will be disclosed for the purpose of discussing underwriting and pricing decisions for a proposal or as a review of a current insurance program.

It is also my understanding that by providing authorization, I am entitled to request a copy of my MVR so I may ensure that the information released is accurate.

I request a copy of my Motor Vehicle Record.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Birthdate