

24285 370th Street
Goodhue, MN 55027
Ph: (651)380-0645
recruiting@schaferfarm.com



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Applied for: _____ Desired Salary: \$ _____

Are you authorized to work in the U.S.? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Reference

Please list a professional reference

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



Skills/Qualifications

Please indicate in the following areas your level of practical experience/knowledge from 1 through 5; 1=no experience, 5=very experienced

People Skills	Pig Skills	Equipment/Mechanical
<input type="checkbox"/> Supervising	<input type="checkbox"/> AI Mating	<input type="checkbox"/> Skidloader
<input type="checkbox"/> Team Problem Solving	<input type="checkbox"/> Moving/Handling Pigs	<input type="checkbox"/> Tractor
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Collecting Semen	<input type="checkbox"/> Pressure Washers
<input type="checkbox"/> Training Coworkers	<input type="checkbox"/> Treat/Vaccinate Pigs	<input type="checkbox"/> Welding
	<input type="checkbox"/> Fostering Pigs	<input type="checkbox"/> Hand Tools
	<input type="checkbox"/> Pig Health Observation	<input type="checkbox"/> Carpentry
Computer Skills	<input type="checkbox"/> Assisting Farrowing	<input type="checkbox"/> Plumbing/Masonry
<input type="checkbox"/> Livestock software	<input type="checkbox"/> Processing Pigs	
<input type="checkbox"/> Typing Skills	<input type="checkbox"/> Feeding/Nutrition Mgmt.	
<input type="checkbox"/> Excel/spreadsheets	<input type="checkbox"/> Barn Environment Control	Do you have your CDL license?
<input type="checkbox"/> Word Processing		YES <input type="checkbox"/> NO <input type="checkbox"/>

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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May we contact your previous supervisor for a reference? YES NO

Please list additional employment on an attached document.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____