



**FARM RELIEF SERVICE OPERATOR**

**APPLICATION FORM**

**APPLICANTS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVERS LICENCE PROVISIONAL/FULL:** \_\_\_\_\_ **CLASSES:** \_\_\_\_\_

**MOBILE No.** \_\_\_\_\_

**LANDLINE No.** \_\_\_\_\_

**PPS No.** \_\_\_\_\_

**BANK ACCOUNT No.** \_\_\_\_\_ **SORT CODE** \_\_\_\_\_

**E MAIL ADDRESS:** \_\_\_\_\_

**Return To: FRS Cahir Carrigeen Industrial Est. Cahir Co Tipperary**

**052 7441598    [info@frscahir.ie](mailto:info@frscahir.ie)**

**ARE YOU FARMING AT PRESENT:** \_\_\_\_\_ ( if yes) **FARMING ENTREPRISE:**  
\_\_\_\_\_

**(If no) WHAT FARMING KNOWLEDGE HAVE YOU?**  
\_\_\_\_\_

**REFEREES : NAME** \_\_\_\_\_ **CONTACT No.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **CONTACT No.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **CONTACT No.** \_\_\_\_\_

**FARMING KNOWLEDGE:**

Can you milk? \_\_\_\_\_ Maximum herd size you have milked to date. \_\_\_\_\_

Can you calve cows? \_\_\_\_\_ Can you administer mastitis tubes/ injections

Do you have Sheep experience? \_\_\_\_\_ If yes what level of experience do you have? \_\_\_\_\_

Do you have Pig experience? \_\_\_\_\_ If yes what experience do you have? \_\_\_\_\_

Do you have Horse experience? \_\_\_\_\_ If yes what experience do you have? \_\_\_\_\_

What machinery experience have you? \_\_\_\_\_

What farm machinery can you operate? Please List.

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Other than farm machinery can you operate any other machines? Please list.

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Do you have tickets for the above machines? \_\_\_\_\_ Expiry Date.

Do you have a safe pass card? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Would you prefer Full or Part time Work? \_\_\_\_\_

If part time what hours would you be available? \_\_\_\_\_

Do you require training in any farming area? \_\_\_\_\_

**Agricultural Training Completed:**

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Any further information that you feel would benefit your application?

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**SIGNED :**

**DATE:**

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