	FARM RELIEF SERVICE	OFFICE	USE ONLY
FRS 7	OPERATOR	Contract	
Cahir	APPLICATION FORM	Insight	
052 7441598		Payroll	
		ROS	
APPLICANTS NAME:			
ADDRESS:			
	Eircode _		-
DATE OF BIRTH:			
DRIVERS LICENCE			
	Full Class	Provisional	Years held
Car (Drivers Licence)			
Tractor (Learner perm	nit)		
Quad (Training cert)			
MOBILE No.			
			Attach
LANDLINE No			Alldli
PPS NO			Photo
E MAIL ADDRESS:			Here
FARMING KNOWLEDGE: P	lease tick		
DAIRY BEEF TILLAGE	SHEEP PIGS HORTICULTURE	MACHINERY	
REFEREES : NAME	CONTAC	T No	_
NAME	CONTACT	No	
NAME			

FARM ENTERPRISE KNOWLEDGE:

Dairy- milking

	No	Experience with	Experience	Highly
	Experience	some assistance	unassisted	experienced
Milked in herringbone parlour				
Milked in rotary parlour				
Assisted with robot milking parlour				
The use of refrigerate milk storage				
tanks				
Begun a routine wash of a				
refrigerated milk storage tank				
Washing milk plant and				
equipment.				
Have you used and mixed				
chemicals in a milking plant.				
Identifying and treatment mastitis				
<u>Dairy- Farm work</u>				
		F	F	11.1

Dairy- Farm work

	No	Experience with	Experience	Highly
	Experience	some assistance	unassisted	experienced
Administering injections				
(subcutaneous /intramuscular)				
Administering drenches				
Heat Detection/ Breeding				
identification				
Supervising and calving assistance				
Grassland management				

Dairy- Calves

	No Experience	Experience with some assistance	Experience unassisted	Highly experienced
Tagging calves				
Disbudding/dehorning				
Feeding calves using teat feeders				
Feeding calves using automatic				
feeders				
Mixing milk replacer to feed				

Machinery

	No	Experience with	Experience	Highly
	Experience	some assistance	unassisted	experienced
Tractor driving				
Feeding Grass/Maize silage with front loader				
Using a TMR diet feeder				
Spreading fertiliser using a tractor				
Topping fields/ Mower silage				
Slurry spreading with tractor				
Quad driving				
Sprayer use				

BANK DETAILS:

BANK ACCOUNT No. _____ SORT CODE __

BIC _____ IBAN _____

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

052 7441598 rcarey@frscahir.ie

DECLARATION:

I declare that all information I have provided on this form is accurate and true.

I have no medical condition which would hinder me in my role of dairy farm worker, or which would prevent me from carrying out any task as part of this role.

Signed _____

Date____

OFFICE USE ONLY	Yes	No
Skills Assessment form completed by applicant		
Interviewed by Phone		
Interviewed in Person		
CV Provided		
References Provided		
References Checked		

Interviewed	
by	
Interview	
Date	