FARM RELIEF SERVICE

OPERATOR

APPLICATION FORM

OFFICE USE ONLY	
Contract	
Insight	
Payroll	
ROS	

APPLICANTS NAME: _____

ADDRESS: _____

_____Eircode _____

DATE OF BIRTH: _____

DRIVERS LICENCE

	Full	Class	Provisional	Years held
Car (Drivers Licence)				
Tractor (Learner permit)				
Quad (Training cert)				

MOBILE No. _____

LANDLINE No. _____

PPS NO. _____

E MAIL ADDRESS: _____

Attach Photo Here

FARMING KNOWLEDGE: Please tick

DAIRY BEEF TILLAGE SHEEP PIGS HORTICULTURE MACHINERY

REFEREES : NAME _____CONTACT No. _____

NAME _____CONTACT No. _____

NAME _____ CONTACT No._____

FARM ENTERPRISE KNOWLEDGE:

Dairy- milking

	No Experience	Experience with some assistance	Experience unassisted	Highly 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				

Dairy- Farm work

	No Experience	Experience with some assistance	Experience unassisted	Highly 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	Experience with some assistance	Experience unassisted	Highly 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 vryan@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	