



SPECIALTY CROP FARM LABOR CONTRACTORS, LLC AGRICULTURAL LABOR INFORMATION FORM

<p>Company Name or DBA:</p> <p>Company Federal ID Number:</p> <p>Entity Type (please circle one):</p> <p>Individual/Sole Proprietor Corporation Partnership Limited Liability Company (LLC) Other: _____</p>	<p>Company Contact Person(s):</p> <p>Phone Number(s):</p> <p>Cell Number(s):</p> <p>Fax Number(s):</p> <p>Email(s):</p>
<p>Company Physical Address:</p> <p>Company Mailing Address (if different):</p> <p>Company Worksite Locations (please list all worksite addresses, land parcel names, or GPS coordinates; <i>attach additional sheets as necessary</i>):</p>	<p>Worker Housing Address(es):</p> <p>Worker Housing County:</p> <p>Type of Worker Housing (please circle one):</p> <p>Block Stick Trailer Other (describe): _____</p> <p>Number of Worker Housing Units:</p> <p>Worker Housing Capacity:</p>
<p>Number of Workers Needed per Target Date(s) of Need:</p> <p>Preferred Target Date(s) of Need:</p> <p>Length or Target Date(s) of Job Duration:</p> <p>Work Shift(s) for Workers:</p> <p>Estimated Worker Hours per Workweek:</p>	
<p>Please briefly describe your business and the tasks to be performed (<i>attach additional sheets as necessary</i>):</p> 	
<p>Equipment Operation Skills Needed (<i>attach additional sheets as necessary</i>):</p> 	

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