



Questionnaire for Employer

USE: To document contacts with and surveys of growers, canneries, crew leaders, etc. in the delegate agency's area regarding the employment of migrant farm workers: To assist in the program planning. **To be completed by the Delegate Director, or his/her designee.**

Name of Center: _____ Date: _____

How was the information below obtained?

By Phone By Person Other (Specify): _____

Employer Name: _____ Phone Number: _____

Address: _____

How many farm workers will you employ this year? _____

From Where: _____

Of those, how many will be families: _____

Please estimate how many children, ages birth through 6 years of age, will be coming:

By age group if possible - Birth to 2 years: _____ 3 years to 6 years: _____

When do you estimate your workers arrival: _____

What work will they be doing:

What are your planned work schedules (hours/days; days/week):

Will both mothers and fathers be working? Yes No

Full Time? Yes No

If not, what are the part-time schedules and who will work them?

When do you anticipate the work season ending?

Other Information: