



Work Abroad Network

H2A JOB APPLICATION FORM

Complete this application form thoroughly and accurately. Your ability to follow instructions, provide detailed information, and communicate effectively will be assessed as part of your suitability for working abroad. Any false information on this form will result in immediate termination by the employer.

PERSONAL INFORMATION		
Last Name	Middle Name	First Name
Date of Birth	City of Birth	Age
Gender	Marital Status	
English Speaking and Listening Skills	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
English Reading and Writing	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Mobile Phone	Email Address	

ABOUT MYSELF

Use this section to introduce yourself to your potential employer. Many applicants come from educated backgrounds and have worked as supervisors or managers, but please remember that H-2A positions are strictly for general labor—not management. Focus on your hands-on farming experience, the crops and tasks you've worked with, and the practical skills you bring. Also, explain your motivation for wanting to work in the United States. Be honest, respectful, and clear about your commitment to the position you are applying for.

Do you have a USA Social Security #? (If yes, list Social Security Number)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Address	Street	City	State	ZIP
Have you been to the USA before? If yes, date of Arrival in the US/Visa Type & Number				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in the USA before? (If yes, provide details in the Work Experience Section)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Height (in m or inches)		Weight (kg, lbs)		
Are you in good physical condition to do hard physical labor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any deformity, handicap, physical abnormality or defect?				<input type="checkbox"/> Yes <input type="checkbox"/> No

ABOUT MYSELF CONTINUED

Are you currently suffering or have you ever suffered from any of the following illnesses or disorders?

<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Blood Vessels or Circulatory Disorder	<input type="checkbox"/> Any Respiratory or Lung trouble	<input type="checkbox"/> Any Digestive System
<input type="checkbox"/> Allergy, asthma, sinusitis, hay-fever, etc.	<input type="checkbox"/> Gall Bladder or Liver disorders	<input type="checkbox"/> Diabetes

Do you use any chronic medication? Yes No

Do you smoke? Yes No

Do you drink alcohol? Yes No

Do you have drug addictions? Yes No

Do you suffer from any nervous conditions, mental conditions, epilepsy, blackouts, paralysis, anxiety or depression? Yes No

Have you been charged with any traffic violations or driving while intoxicated? Yes No

Do you have any criminal offenses? Yes No

If yes to the above questions, please explain

Have you ever been issued a driver's license? Yes No

If Yes, Driver's License Number. _____ Where was issued?

License Type _____ Expiration Date _____

Have you ever been issued a U.S. Driver's license? Yes No

If Yes, Driver's License Number. _____ Where was it issued?

License Type _____ Expiration Date _____

EDUCATION

Obtained National Senior Certificate Yes No

Obtained National Senior Certificate or High School Diploma Yes No

List College and List Degrees Obtained

SKILLS & EXPERIENCE

GENERAL FARMING RELATED SKILLS & EXPERIENCE

MECHANICAL EXPERIENCE

<input type="checkbox"/> Maintain Combine	<input type="checkbox"/> Maintain Large Field Tractors	<input type="checkbox"/> Maintain Pick Up
<input type="checkbox"/> Remove Tires from Rim and Repair	<input type="checkbox"/> Green and Red Diesel Types	<input type="checkbox"/> Operate Grease Gun

BUILDING SKILLS

<input type="checkbox"/> Brick Walls	<input type="checkbox"/> Barns	<input type="checkbox"/> Casting Foundations	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Painting
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QUALIFIED TRADESMAN ONLY

<input type="checkbox"/> Carpenter	<input type="checkbox"/> Plumber	<input type="checkbox"/> Electrician	<input type="checkbox"/> Diesel Mechanic	<input type="checkbox"/> Petrol Mechanic
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REPAIR OF SMALL ENGINES

<input type="checkbox"/> Lawn Mower	<input type="checkbox"/> Generator	<input type="checkbox"/> Motor cycle	<input type="checkbox"/> Four Wheeler (Quad Bike)
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REPAIR PUMPS

<input type="checkbox"/> Submersible Pump	<input type="checkbox"/> Mono Pump	<input type="checkbox"/> Centrifugal Pump
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DIESEL MECHANIC

<input type="checkbox"/> Repair Combine	<input type="checkbox"/> Overhaul Diesel Engines	<input type="checkbox"/> Repair Gas Engines	<input type="checkbox"/> Repair Large Field Tractors
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WELDING EXPERIENCE

<input type="checkbox"/> Arc Welding	<input type="checkbox"/> Gas Welding	<input type="checkbox"/> Plasma Welding
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FENCING

<input type="checkbox"/> Diamond Mesh	<input type="checkbox"/> Chicken mesh	<input type="checkbox"/> Steel
<input type="checkbox"/> other		

GENERAL FARMING RELATED SKILLS & EXPERIENCE CONTINUED

Describe duties related to general farming items checked or add experience not listed.

List months/years of experience

LIVESTOCK FARMING

CATTLE

<input type="checkbox"/> Angus (Black and Red)	<input type="checkbox"/> Hereford	<input type="checkbox"/> Charolais	<input type="checkbox"/> Simmental
<input type="checkbox"/> Limousin	<input type="checkbox"/> Brahman	<input type="checkbox"/> Texas Longhorn	<input type="checkbox"/> Beefmaster

List months/years of experience

CATTLE FEEDLOTS

<input type="checkbox"/> Dry cow feed program	<input type="checkbox"/> Feed Calves	<input type="checkbox"/> Feed Cows	<input type="checkbox"/> Forage Preservation
<input type="checkbox"/> Administer Basic Shots	<input type="checkbox"/> Castration	<input type="checkbox"/> Dehorning	<input type="checkbox"/> Deliver Breached Calve
<input type="checkbox"/> Detect Milk Fever	<input type="checkbox"/> De-worming	<input type="checkbox"/> Trim Cow's Hooves	<input type="checkbox"/> Use Calf Jack
<input type="checkbox"/> Use a Balling Gun	<input type="checkbox"/> Uterine Infusion	<input type="checkbox"/> Detect Twisted Stomach	

List months/years of experience

BREEDING CATTLE

<input type="checkbox"/> Pregnancy/Gestation Testing	<input type="checkbox"/> Heat Synchronization	<input type="checkbox"/> Select Mating for Cows
<input type="checkbox"/> Maintain Daily Logs	<input type="checkbox"/> Organize Herd Records	

List months/years of experience

MISCELLANEOUS CATTLE RELATED CHORES

<input type="checkbox"/> Freese Brand	<input type="checkbox"/> Hotbrand	<input type="checkbox"/> Prep Cattle for Show	<input type="checkbox"/> Calibrate Mix Mill
<input type="checkbox"/> Automatic Feed Bunk	<input type="checkbox"/> Computer Feeder	<input type="checkbox"/> Grinder Mixer	<input type="checkbox"/> Run TMR Mixer
<input type="checkbox"/> Operate Conveyers	<input type="checkbox"/> Service Conveyers		

List months/years of experience

DAIRY SKILLS

<input type="checkbox"/> Change Inflations	<input type="checkbox"/> Clipping Udder	<input type="checkbox"/> Diagnose and Treat Mastitis	<input type="checkbox"/> Dry Cow Housing
<input type="checkbox"/> Milk Herd Housing	<input type="checkbox"/> Milk in Parlor	<input type="checkbox"/> Milk in Stall Barns	<input type="checkbox"/> Parlor Practices
<input type="checkbox"/> Stanchions	<input type="checkbox"/> Torch Udder	<input type="checkbox"/> Detect Twisted Stomach	<input type="checkbox"/> Take Sterile Samples
<input type="checkbox"/> Maintain of Fences	<input type="checkbox"/> Construct Wire Fences		<input type="checkbox"/> Digging Trenches using a Bobcat

List months/years of experience

DAIRY BREEDS

<input type="checkbox"/> Holstein	<input type="checkbox"/> Jersey	<input type="checkbox"/> Guernsey	<input type="checkbox"/> Brown Swiss
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List months/years experience

SWINE (PIGS)

<input type="checkbox"/> Yorkshire	<input type="checkbox"/> Duroc	<input type="checkbox"/> Berkshire	<input type="checkbox"/> Hampshire
<input type="checkbox"/> Landrace	<input type="checkbox"/> Chester White	<input type="checkbox"/> Poland China	<input type="checkbox"/> Spotted Pig

List months/years experience

SHEEP

<input type="checkbox"/> Suffolk	<input type="checkbox"/> Dorset	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Rambouillet
<input type="checkbox"/> Dorper	<input type="checkbox"/> Merino	<input type="checkbox"/> Shropshire	<input type="checkbox"/> Southdown

List months/years of experience

GOATS

<input type="checkbox"/> Boer	<input type="checkbox"/> Kiko	<input type="checkbox"/> Spanish Goat	<input type="checkbox"/> Dairy Goats
<input type="checkbox"/> Nubian	<input type="checkbox"/> Alpine	<input type="checkbox"/> Saanen	<input type="checkbox"/> Toggenburg

List months/years of experience

POULTRY

<input type="checkbox"/> Chickens: Layers:	<input type="checkbox"/> Leghorn	<input type="checkbox"/> Rhode Island Red	<input type="checkbox"/> Plymouth Rock
<input type="checkbox"/> Broilers:	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> White Rock	

List months/years of experience

LIVESTOCK FARMING CONTINUED

TURKEYS

<input type="checkbox"/> Broad Breasted White	<input type="checkbox"/> Heritage Breeds (e.g., Bourbon Red, Narragansett)
List months/years experience	

DUCKS

<input type="checkbox"/> Pekin	<input type="checkbox"/> Muscovy	<input type="checkbox"/> Khaki Campbell
List months/years experience		

EQUINE (HORSES)

<input type="checkbox"/> Quarter Horse	<input type="checkbox"/> Thoroughbred	<input type="checkbox"/> Arabian	<input type="checkbox"/> Clydesdale	<input type="checkbox"/> Appaloosa
List months/years experience				

OTHER LIVESTOCK

<input type="checkbox"/> Bison	<input type="checkbox"/> Alpacas/Llamas	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Bees
List months/years experience			

Describe duties related to livestock checked above

CROP RELATED SKILLS & EXPERIENCE

CROP FARMING (Types of crops you have experience with and the duties you're proficient related to these crops)

<input type="checkbox"/> Wheat	<input type="checkbox"/> Corn	<input type="checkbox"/> Beans	<input type="checkbox"/> Sunflowers	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Cash Crops	<input type="checkbox"/> Silage, etc.
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DUTIES RELATED TO CHECKED CROPS:

<input type="checkbox"/> Planting	<input type="checkbox"/> Tillage	<input type="checkbox"/> Cultivating Equipment
<input type="checkbox"/> ATV 4 Wheeler with Spot Sprayer	<input type="checkbox"/> Driving a self propelled crop sprayer	

IRRIGATION FARMING

(Please check type of irrigation you have experience with and list duties you have performed related to irrigation)

<input type="checkbox"/> Drip	<input type="checkbox"/> Center Pivot	<input type="checkbox"/> Sprinkler Irrigation	<input type="checkbox"/> Flood Irrigation	<input type="checkbox"/> Furrow Irrigation	<input type="checkbox"/> Manual Irrigation
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TRACTORS

Describe how you've used the equipment and your experience with maintenance and troubleshooting.

Make	Model	List months/years experience

Describe duties related to Crop related skills checked

CROP RELATED EQUIPMENT

<input type="checkbox"/> Articulating Tractor	<input type="checkbox"/> Combine	<input type="checkbox"/> Combine setting	<input type="checkbox"/> Grain Cart	<input type="checkbox"/> Field Cultivator
<input type="checkbox"/> Chisel Plow	<input type="checkbox"/> Disc	<input type="checkbox"/> Harrow	<input type="checkbox"/> Land Roller	<input type="checkbox"/> Moldboard Plow
<input type="checkbox"/> Stone Picker	<input type="checkbox"/> Swather	<input type="checkbox"/> Sickle Mower	<input type="checkbox"/> Wheel Rake	<input type="checkbox"/> Windrower (25' pull type)
<input type="checkbox"/> Silage Blower	<input type="checkbox"/> Silage Wagon	<input type="checkbox"/> Square Baler	<input type="checkbox"/> Stack Maker	<input type="checkbox"/> Air Drill

HARVESTING

<input type="checkbox"/> Haymaking	<input type="checkbox"/> Silage	<input type="checkbox"/> Baling Equipment
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Describe how you've used the equipment and your experience with maintenance and troubleshooting

Make	Model	List months/years experience

SPRAYING EQUIPMENT

Describe how you've used the equipment and your experience with maintenance and troubleshooting

Make	Model	List months/years experience

DUTIES RELATED TO CHECKED CROPS

<input type="checkbox"/> Mixing Spray Chemicals	<input type="checkbox"/> Spray Chemicals
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CROP RELATED SKILLS & EXPERIENCE CONTINUED

TRUCK DRIVING EXPERIENCE

Describe how you've used the equipment and your experience with maintenance and troubleshooting.

Make	Model	List months/years experience
Transmission Type:	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual – Clutch <input type="checkbox"/> Manual - Clutchless	
Speed:	<input type="checkbox"/> 9 Speed <input type="checkbox"/> 10 Speed <input type="checkbox"/> 13 Speed <input type="checkbox"/> 18 Speed	
Check all types of trucks you have operated and are proficient in operating		
<input type="checkbox"/> Pickup Truck <input type="checkbox"/> Box/Straight Truck		<input type="checkbox"/> Semi-Trailer Truck

COMPUTERIZED INSTRUMENT PANEL/S

Make	Model	List months/years experience

MANURE EQUIPMENT

Check manure equipment you have experience and list duties you have performed relating to working with manure.

<input type="checkbox"/> Barn Cleaner	<input type="checkbox"/> Chopper Pump	<input type="checkbox"/> Flush System	<input type="checkbox"/> Liquid Spreader
<input type="checkbox"/> Loader Tractor	<input type="checkbox"/> Skid Steer Loader	<input type="checkbox"/> Solid Spreader	

EARTH MOVING EQUIPMENT

Make	Model	List months/years experience

List duties related to checked earth moving equipment

DRIVING SKILLS

<input type="checkbox"/> Drive a Pick Up	<input type="checkbox"/> Drive a 1 Tonne Vehicle cb	<input type="checkbox"/> Drive a 2 Tonne Vehicle
<input type="checkbox"/> Drive a Semi Truck and Trailer	<input type="checkbox"/> Drive an Automatic Vehicle	<input type="checkbox"/> Drive a Vehicle Towing a Trailer House
<input type="checkbox"/> Can use a two way radio	<input type="checkbox"/> Operate a Fork Lift	<input type="checkbox"/> GPS Autosteer
<input type="checkbox"/> Know North from South and can Find Direction without road signs	<input type="checkbox"/> Drive a 10 Wheeler	

List duties related to checked Driving Skills

WORK EXPERIENCE AND REFERENCE

EMPLOYER #1

Contact Person Responsible for Reference			
Telephone Number		Email Address	
Street Address	City	State/Province	Postal/Zip Code
Starting Date	End Date	Job Title	

Detail Duties Performed

EMPLOYER #2

Contact Person Responsible for Reference			
Telephone Number		Email Address	
Street Address	City	State/Province	Postal/Zip Code
Starting Date	End Date	Job Title	

Detail Duties Performed

WORK EXPERIENCE AND REFERENCE

EMPLOYER #3

Contact Person Responsible for Reference			
Telephone Number		Email Address	
Street Address	City	State/Province	Postal/Zip Code
Starting Date	End Date	Job Title	

Detail Duties Performed

EMPLOYER #4

Contact Person Responsible for Reference			
Telephone Number		Email Address	
Street Address	City	State/Province	Postal/Zip Code
Starting Date	End Date	Job Title	

Detail Duties Performed

EMPLOYER #5

Contact Person Responsible for Reference			
Telephone Number		Email Address	
Street Address	City	State/Province	Postal/Zip Code
Starting Date	End Date	Job Title	

Detail Duties Performed

Have you submitted an application with any other employment agencies in our industry? Yes No

If yes, will you promptly inform WAN and your U.S. employer if you become unavailable? Yes No

If yes, provide name of the Agency.

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact	Relationship
Phone Number	Email Address

DECLARATION

I certify that all information provided in this job application is true and accurate. I acknowledge that Work Abroad Network and its agents are not responsible for any discrepancies. By signing, I take full responsibility for any false or misleading information, which may lead to immediate termination by the employer.

Name _____ Signature _____ Date _____

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