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| **Migrant Education Program Workplace Survey** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_  Please return this form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Company or Farm: |
| Name of Grower or Supervisor: |
| Name and Position/Title of Contact Person: |
| Address of Workplace: |
| Telephone Number of Workplace: |
| Email address/website: |
| Directions to Workplace: |
| Do you hire seasonal or temporary employees? If yes, how many? |
| What type of work do they do? |
| When does the work typically start (approximate date)? |
| When does the work typically end (approximate date)? |
| Do you provide housing? If so, where? |
| Is there anything that we should know about the workers (e.g., primary language in case translation  is needed)? |
| Comments: |