

**USDA Farm Service Agency
Loss Adjuster Contractor (LAC)
Application**

PERSONAL DATA

Name: _____ Social Security Number: _____

Phone Number: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License: Operator: _____ CDL: _____

Work Availability: _____

Email: _____

WORK EXPERIENCE

Company Name: _____ Address: _____

Supervisor Name: _____ Phone Number: _____

Job Description (duties, skills, equipment used, etc.):

Dates of Employment: Start: _____ End: _____

Reason for Leaving: _____

Company Name: _____ Address: _____

Supervisor Name: _____ Phone Number: _____

Job Description (duties, skills, equipment used, etc.):

Dates of Employment: Start: _____ End: _____

Reason for Leaving: _____

Company Name: _____ Address: _____

Supervisor Name: _____ Phone Number: _____

Job Description (duties, skills, equipment used, etc.):

Dates of Employment: Start: _____ End: _____

Reason for Leaving: _____

SPECIFIC AGRICULTURAL EDUCATION AND WORK EXPERIENCE:

REFERENCES:

NAME	ADDRESS	PHONE NUMBER

Signature: _____ Date: _____

Please mail this application form to Oregon Farm Service Agency State Office, 7620 SE Mohawk St., Tualatin, Oregon 97062, Attn: Sarah Hanlon.