DOWNUNDER HORSEMANSHIP

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Instructions: Please read the instructions before completing the application. All applications for employment must be made on this form and a separate application is required for each position. You may make copies and enter different position titles, but each copy must have an original signature. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please contact Human Resources. *Please clearly print or type all answers.*

POSITION TITLE: _____

PERSONAL DATA

NAME: _____ - - _____
Last *First* *Middle* **SOCIAL SECURITY NUMBER**

CURRENT ADDRESS: _____
Number & Street *City* *State* *Zip*

List any other names used if different from name given on application: _____

PHONE: *Home* _____ *Cell* _____ **EMAIL:** _____

Are you legally eligible for employment in the US? *(Proof will be required upon employment)* ☐ Yes ☐ No

Preferred Shift ☐ Days ☐ Nights ☐ Evenings ☐ Other **Type of Employment** ☐ Full-Time ☐ Part Time ☐ Other	Salary Desired $ _____ /hr
Are you available to work weekends? ☐ Yes ☐ No Are you available to work evenings? ☐ Yes ☐ No	Date Available _____

EDUCATION AND TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 **High School Diploma or G.E.D.** ☐ **Yes** ☐ **No**

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Colleges or Universities							
Technical, Vocational or Business Schools							

If a license, certificate or other authorization is required/related for which you are applying, complete the following:

License/Certification (PE, RN, Attorney, CPA, etc.)	Date Issued	Issued By (state or other authority)	License Number	Location of Issuing Authority (city & state)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

GENERAL INFORMATION

Type of Driver's License:

☐ Class A ☐ Class B ☐ Class C ☐ Class M ☐ Class A Commercial ☐ Class B Commercial ☐ Class C Commercial

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position? ☐ Yes ☐ No
If answer is Yes to either or both of these questions, please explain:

Are you related to any person employed at Downunder Horsemanship? ☐ Yes ☐ No If yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included.**

Employer: _____

Address/City/State: _____

Phone: _____ **Job Title:** _____

Supervisor: _____ **Title:** _____

Reason for Leaving: _____

Start Date	End Date
Starting Salary	**Final Salary**

Briefly Describe the Nature and Duties of Your Position

EMPLOYMENT HISTORY, CONTINUED

	Start Date	End Date
Employer: _____		
Address/City/State: _____		
Phone: _____ **Job Title:** _____	**Starting Salary**	**Final Salary**
Supervisor: _____ **Title:** _____		
Reason for Leaving: _____		

Briefly Describe the Nature and Duties of Your Position

	Start Date	End Date
Employer: _____		
Address/City/State: _____		
Phone: _____ **Job Title:** _____	**Starting Salary**	**Final Salary**
Supervisor: _____ **Title:** _____		
Reason for Leaving: _____		

Briefly Describe the Nature and Duties of Your Position

ACKNOWLEDGMENT

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge. In submitting this application, I authorize Downunder Horsemanship to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Downunder Horsemanship and will not be returned.

I also understand that I will have the right to terminate my employment at any time without notice and for any reason. I understand that Downunder Horsemanship has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from Downunder Horsemanship is contingent upon information received.

_____ _____

Signature of Applicant Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT.

An Equal Opportunity Employer

REFERENCE CHECK

Applicants Name: ______________________ Position: ______________________

Reference Source: ______________________ Dates of Employment __________ to __________

Contact Person: ______________________ Phone: ______________________

Address: ____

Ending Pay $ ______________________ Rehirable: ☐ Yes ☐ No

Comments: ____

____

Name & Title of Reference: ______________________ Date: __________

Applicants Name: ______________________ Position: ______________________

Reference Source: ______________________ Dates of Employment __________ to __________

Contact Person: ______________________ Phone: ______________________

Address: ____

Ending Pay $ ______________________ Rehirable: ☐ Yes ☐ No

Comments: ____

____

Name & Title of Reference: ______________________ Date: __________

Applicants Name: ______________________ Position: ______________________

Reference Source: ______________________ Dates of Employment __________ to __________

Contact Person: ______________________ Phone: ______________________

Address: ____

Ending Pay $ ______________________ Rehirable: ☐ Yes ☐ No

Comments: ____

____

Name & Title of Reference: ______________________ Date: __________

I, the undersigned, hereby authorize the release of information related to my employment. I will hold this facility and any previous employer or their employees harmless from the exchange of such information. I further relinquish any and all rights or claims to proceedings of any nature related to the exchange and consideration of such information.)

______________________________ ______________________________

Signature of Applicant Date Signed