

Equest Center for Therapeutic Riding, Inc.

3777 Rector Ave NE Rockford, MI 49341

(616)866-3066 www.equestcenter.org**Application for Employment****Personal Information**

Date _____

NAME (LAST NAME, FIRST NAME)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY:	

Employment Desired

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF REQUIRED, WILL YOU WORK: SATURDAYS <input type="checkbox"/> SUNDAYS <input type="checkbox"/> DAYTIMES <input type="checkbox"/> EVENINGS <input type="checkbox"/>		

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR OTHER SCHOOLING			

Experience

DO YOU HOLD A CURRENT PATH CERTIFICATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SHARE YOUR EXPERIENCE WITH HORSES:		
WHY DO YOU THINK WORKING AT EQUEST WOULD BE A GOOD OPPORTUNITY FOR YOU?		
SPECIAL SKILLS/TRAINING		

Former Employers List below last 3 employers, starting with most recent one first

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

References Give below the names of three persons not related to you, whom you have known at least one year

NAME	PHONE	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

***** DO NOT WRITE BELOW THIS LINE *****

INTERVIEWED BY _____ DATE _____

Remarks

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	POSITION	SALARY /WAGES	

Approved: 1. _____ 2. _____ 3. _____