

Application for Employment



Please print legibly in ink. Please use extra pages as necessary in order to answer fully and completely.

Position Desired: _____

Date: _____

PERSONAL DATA

Name: _____ Telephone No.: _____
(Print) Last First Middle

Current _____
 Address: Street and Number City State Zip

Are you 18 years of age or older? [] Yes [] No When are you available to start work? _____

Is there anything that might interfere with your ability to begin work immediately following an appropriate notice to your current employer?
 Yes No If Yes, please explain: _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position(s) held: _____

Do you have friends or relatives working for this company? Yes No If yes, please give names and relation: _____

Have you ever pled guilty or "no contest" to a misdemeanor or felony or been convicted of a misdemeanor or felony?
 Yes No If Yes, please give the dates and details of each incident: _____

Note: Please do not disclose convictions for marijuana-related offenses that are more than two (2) years old; convictions that have been expunged, sealed or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or discharged and the case has been judicially dismissed; or any referrals to a diversion program.

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment

EDUCATION

School Name Address and City	Years Completed (Circle)	Diploma/Degree/ Certificate Awarded	Describe course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/ Professional	1 2 3 4			
Trade or Correspondence				
Other				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your last four employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. Use additional pages if needed to provide complete information.

Present or Last Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code	Pay		Name and Title of Last Supervisor
Telephone	Start \$	Final \$	Reason for Leaving
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code	Pay		Name and Title of Last Supervisor
Telephone	Start \$	Final \$	Reason for Leaving
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code	Pay		Name and Title of Last Supervisor
Telephone	Start \$	Final \$	Reason for Leaving
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code	Pay		Name and Title of Last Supervisor
Telephone	Start \$	Final \$	Reason for Leaving

May we contact your current employer? Yes No If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience, special skills (including language skills), or training that you feel is relevant to the position for which you are applying: _____

Please list any professional attainments, professional society memberships, honors, awards, patents (granted and pending) and licenses that you feel are relevant to the position for which you are applying: _____

Are you able to perform the essential functions of the job, either with or without reasonable accommodation? Yes No If No, please explain: _____

Please read carefully, initial each paragraph and sign below.

I certify that the information provided herein is correct to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts listed to provide you with any and all relevant information, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing the same to you. In consideration of my employment, I agree to conform to the rules and regulations set forth by Spirit Equestrian, LLC ("Company").

I understand that each employee of Spirit Equestrian, LLC ("Company") is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company.

Signature: _____

Date: _____