EMPLOYMENT APPLICATION

Applications are considered without veteran status, or the presence of a	_		_	age, marital or
Date	Date you are a	available to start w	ork	
POSITION YOU ARE APPLYING F	OR:			
PERSONAL INFORMATION				
Name				
Street Address				
City/State/Zip				
Full Time Part Time [erral Source aboo River Equine		
you must meet certain state and fed limited to) United States citizenship (for some jobs). Please answer the	or authorization to	work in the country	•	
1. Are you legally qualified to wo	ork in the United Sta	ates? YES	☐ NO	
If no, please explain details in full:				
EDUCATION:				
Schools/Colleges Attended	Location	Dates	Graduated?	Degree

EMPLOYMENT/WORK EXPERIENCE; Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer	
Job Title	
Name of Supervisor	_ Phone
Street Address	
City/State/Zip	
Duties/Responsibilities/Accomplishments:	
Reason for Leaving	
Dates of Employment (Month/Year): From	To
Employer	
Job Title	
Name of Supervisor	
Street Address	
City/State/Zip	
Duties/Responsibilities/Accomplishments:	
Reason for Leaving	
Dates of Employment (Month/Year): From	

Employer	
Job Title	
Name of Supervisor	Phone
Street Address	
City/State/Zip	
Duties/Responsibilities/Accomplishmer	nts:
	·
Reason for Leaving	
Dates of Employment (Month/Year): F	rom To
MILITARY SERVICE	
Are you a veteran of the Armed Forces	s of the United States? YES NO
If yes, list type of discharge:	
Dates of service	
BUSINESS REFERENCES	
Name	Position
Company	Phone
Street Address	
City/State/Zip	
Name	Position
Company	
• •	
City/State/Zip	
·	

Name	Position			
Company	Phone			
Street Address				
City/State/Zip				
PERSONAL REFERENCES: Plean how long known for 3 personal references.		ddresses, phone nu	mbers, relationship and	
Name	Relationship			
How long known	Phone			
Street Address				
City/State/Zip				
Name	R	elationship		
How long known	Phone			
Street Address				
City/State/Zip				
Name	R	elationship		
How long known	Phone			
Street Address				
City/State/Zip				
LANGUAGE SKILLS Check any w	,			
Sign Language				
LICENSING/CERTIFICATION: If a which you are applying, complete t		on is required or rela	ated to the position for	
License or Certificate	Date Issued	Date Expires	Issuer/Location	

SPECIAL SKILLS: Describe any special skills or qualification for this work:
Are you now subject to a pending charge or violation of law (including non-criminal violations)?
YES No If so, please list all pending charges or violations. In accordance with state law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job for which you are applying.
I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.
I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Baraboo River Equine-Assisted Therapies, Inc., to investigate any statement contained in this application, and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or review may result in refusal to hire or immediate termination if hired. I understand also that I am required to abide by all rules, regulations and policies of Baraboo River Equine-Assisted Therapies, Inc.
Signed:
Date <u>:</u>