



# EMPLOYMENT APPLICATION



Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date \_\_\_\_\_ Date you are available to start work \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☐ Full Time    ☐ Part Time    ☐ Temporary Referral Source \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY:** To be employed by Baraboo River Equine-Assisted Therapies, Inc., you must meet certain state and federal employment requirements. These include (but are not limited to) United States citizenship or authorization to work in the country and no felony convictions (for some jobs). Please answer the following questions:

1. Are you legally qualified to work in the United States?    ☐ 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:

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Reason for Leaving \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Duties/Responsibilities/Accomplishments:

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Reason for Leaving \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Duties/Responsibilities/Accomplishments:

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Reason for Leaving \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

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## MILITARY SERVICE

Are you a veteran of the Armed Forces 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 \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How long known \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How long known \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How long known \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**LANGUAGE SKILLS** Check any which apply to you.

- ☐ Multilingual (Specify languages) \_\_\_\_\_  
☐ Sign Language

**LICENSING/CERTIFICATION:** If a license or certification is required or related to the position for which you are applying, complete the following:

License or Certificate	Date Issued	Date Expires	Issuer/Location

**SPECIAL SKILLS:** Describe any special skills or qualification for this work:

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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.

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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:

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Please write a short statement of interest describing your experience with therapeutic riding instruction and your approach to teamwork.