



Employment Application

APPLICANT INFORMATION						
Last Name	First		M.I.	Date		
Permanent Address				Apartment/Unit #		
City	State			ZIP		
Phone		Cell Phone				
Email			Date Available To Start Work			
Days Available (circle)	Mon- A.M.	Mon P.M.	Tues-A.M.	Tues-P.M.		
AM shifts start at 7 or 8am	Wed-A.M.	Wed-P.M.	Thurs-A.M.	Thurs-P.M.		
PM shifts start at 3 or 4pm	Fri-A.M.	Friday-P.M.	Sat-A.M.	Sat-P.M.	Sun-A.M.	Sun-P.M.
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number		State	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Have you ever been convicted of a sexual offense or child abuse related crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Have you ever been convicted of a crime related to animal abuse, neglect or abandonment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
This job may require repetitive bending, lifting weight up to 50lbs and walking and/or standing for extensive periods of time. Are you able to perform these functions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Comments (optional)			

PREVIOUS EXPERIENCE	
Do you have experience working with horses? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give a brief description	
Do you have experience using farm equipment? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give a brief description	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		City	State
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		City	State
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		City	State
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		City	State
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree or Certificate

MILITARY SERVICE		
Branch	From	To
Rank at Discharge		

REFERENCES		
<i>Please list three professional or personal references. (Do not include family members.)</i>		
Full Name	Relationship	
Company	Phone ()	
Address		
City	State	Zip
Full Name	Relationship	
Company	Phone ()	
Address		
City	State	Zip
Full Name	Relationship	
Company	Phone ()	
Address		
City	State	Zip

DISCLAIMER AND SIGNATURE	
<p>I hereby certify that all entries on this application and any attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Hazelwild Farm Educational Foundation.</p> <p>I understand that all information on this application is subject to verification and I consent to criminal history background checks.</p> <p>I also consent that you may contact references, former employers and educational institutions listed on this application. I further authorize Hazelwild Farm Educational Foundation to rely upon and use, as it sees fit, any information received from such contacts.</p> <p>By SIGNING BELOW, I certify that I have read and agree with these statements.</p>	
Signature	Date