

# Equine Advocates - Application for Employment

Please fill out this form completely for employment consideration. Please send to Equine Advocates, PO Box 354, Chatham, NY 12037 or email to karen@equineadvocates.org.

Prospective employees will be considered solely on job-related criteria. We do not discriminate on the basis of any federal, state, or local legally protected classes, including, but not limited to, race, color, age, national origin, religion, sex, disability, gender, and veteran/military status. We are an equal opportunity employer.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**How long have you been at your current address?** \_\_\_\_\_

**How did you learn about Equine Advocates?** \_\_\_\_\_

**How soon can you begin working?** \_\_\_\_\_

**Are you able to perform the basic duties that working at Equine Advocates requires (with or without reasonable accommodation)?** \_\_\_\_\_ (Y / N)

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## **Education:**

**College: Name and location of School** \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

No. of years completed \_\_\_\_\_ Did you graduate \_\_\_\_\_ Degree \_\_\_\_\_

**High School: Name and location of School** \_\_\_\_\_

No. of years completed \_\_\_\_\_ Did you graduate \_\_\_\_\_ Diploma \_\_\_\_\_

**Trade School: Name and location of School** \_\_\_\_\_

Course Study \_\_\_\_\_ - \_\_\_\_\_

No. of years completed \_\_\_\_\_ Did you graduate \_\_\_\_\_ Certificate \_\_\_\_\_

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**Military: Complete this section if you served in the U.S. Armed Forces**

Branch of Service \_\_\_\_\_ Years of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
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**Employment History:**

Please provide all periods of employment, beginning with the most recent, and include all prior experiences within the last six years. Resumes will not be accepted in lieu of completing this section. If you need more space, please attach additional sheets. Equine Advocates reserves the right to contact any or all of your employers to verify the information provided.

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Please indicate your Job Title and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Please indicate your Job Title and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Please indicate your Job Title and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**References:**

**Please provide the names of three persons not related to you, whom you have known for at least one year.**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Business** \_\_\_\_\_ **Year's Acquainted** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Business** \_\_\_\_\_ **Year's Acquainted** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Business** \_\_\_\_\_ **Year's Acquainted** \_\_\_\_\_

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**Applicant's Statement:**

By signing below, I affirm that all the information provided by me in this Application for Employment, including attached papers, is true, complete, and correct to the best of my knowledge. I understand that all statements made by me in connection with this Application are subject to verification and that falsification or omission of information may be cause for the refusal or revocation of offer of employment or dismissal from employment.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_