

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 jobs@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.

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)

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 _____

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

Branch of Service _____ Years of Service _____ Rank at discharge _____

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 _____

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** _____

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 _____