

**LOUDOUN THERAPEUTIC RIDING
APPLICATION FOR EMPLOYMENT**

LOUDOUN THERAPEUTIC RIDING is an equal opportunity employer and considers all qualified candidates for employment without regard for race, color, religion gender, national origin, ancestry, age, physical or mental disability, marital or veteran status, pregnancy, or any other legally protected status.

If you require any special reasonable accommodation in completing this application, interviewing, completing any pre-employment testing or otherwise participating in the employment selection process, please advise us.

GENERAL INFORMATION

Name: _____			Date: _____	
FIRST	MIDDLE	LAST		
Address _____				
STREET		CITY	STATE	ZIP CODE
Contact Number (____)		Date available to start work: _____		
Alternate Contact Number (____)		Email : _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work)				
Have you previously been employed by our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How were you referred to the Company? _____				

POSITION INFORMATION

Position applied for or type of work desired? _____			
Applying for:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Volunteer

EDUCATION

	School Name and Location	Highest Grade/Years Completed	Grade Point Average	Course of Study or Major/Degree Attained
College or University				
Vocational or Trade School				
Graduate School				
Other (including military training)				

ADDITIONAL JOB-RELATED QUALIFICATIONS

<p>List any work-related training, skills, certifications, licenses, and/or other qualifications. _____</p> <p>_____</p> <p>_____</p> <p>Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects, or any other information that will assist us in considering your application for employment. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PROFESSIONAL REFERENCES

List three professional references that we may contact:	
Name _____	Telephone No. _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. _____
Email Address _____	Type of Acquaintance _____

EMPLOYMENT HISTORY

List all employment experience for the past seven years, starting with the most recent or present employer, including U.S. Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis.**

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____ _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ <div style="text-align: center;">Month Year</div> To _____ / _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ <div style="text-align: center;">Month Year</div> To _____ / _____ <div style="text-align: center;">Month Year</div> Reason for Leaving _____ _____
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Please explain any gaps of employment: _____

READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work with the Company. _____ Initials

I understand that, where permissible under applicable federal, state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record (for driving positions), and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any such background check. _____ Initials

I also understand that a record of criminal conviction or less than honorable discharge from military service will not necessarily bar me from employment, unless consistent with law and if related to legitimate qualifications related to the position. _____ Initials

I understand that it is the policy of this Company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person’s need for a reasonable accommodation, and that the Company complies with its Equal Opportunity Employment Policy as stated on page 1 of this application. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others (with the exception of my current employer if I have marked “May we contact?” of this application as “No”) for the purpose of verification of the information I have supplied, and I hereby RELEASE FROM ANY LIABILITY the Company and its representatives related to seeking, gathering, and using such information to make employment decisions (to the extent consistent with law), and all other persons or organizations for providing such information. I authorize employers, schools, and other persons named on this application to provide any relevant information or transcripts requested. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I hereby certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with the Company's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS:

Applicant's signature _____

Date _____