EMPLOYMENT APPLICATION



PERSONAL INFORMATION

Name (Last)			First			(Middle)		Date / /			
Home Address					City		State Zip				
Home Telephone			Cellular Phone ()				Business Phone May we contact you at work? ()		_		
E-mail											
Position Applying For			Date Available 				Are you interested in (check all that apply) Full-time Part-time Temporary Summer				
Days and hours a	vailable.						_				
Day Mon	Tues	Wed	Thurs	Fri	Sat	Sun					
From								Are you 18 years or older? Yes No (no one under age 16 may be hired)			
How were you re	eferred to us?	?									
EDUCATION											
Type of School Name			nd Location of School					Degree/Area of Study	Number of Years Attended	Graduated (Check One)	
High School	Name Address City State Zip									Yes No	
College	Address State Zip							Yes No			
Graduate Schoo	Name City									Yes No	
	Name Address										
Other	City									Yes No	
LEGAL											
Are you legally authorized to work in the United States? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.) Were you ever discharged by any company? Yes No If yes, give name of company(ies)											
Were you ever d		any compa	ny? Yes	□ No I	f yes, give i	name of co	ompany(ies)				
Reason for discharge Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor Yes No If yes, please explain in full:											
at any time within the past 5 years?											
Have you been convicted of or plead guilty to (including a plea of nolo contendere) a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)? (A conviction will not necessarily disqualify an applicant from employment.)											

(CONTINUED ON BACK)

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

EMPLOYMENT HISTORY List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis. Is any additional information relative to a different name necessary to check your work record? If yes, explain. Yes **DATES POSITION HELD** LIST MAJOR SALARY OR REASON NAME AND ADDRESS OF EMPLOYER AND SUPERVISOR **DUTIES** WAGES FOR LEAVING Your Job Title From: Name Starting mo. yr. Address Supervisor Final To: Phone City & State mo. yr. Your Job Title Starting Name From: Address mo. yr. Supervisor Final To: Phone City & State mo. yr.) From Name Your Job Title Starting mo. Address Supervisor Final To: City & State Phone mo. yr. From: Name Your Job Title Starting mo. Address vr. Supervisor Final To: City & State Phone yr. mo.) REFERENCES Business references: (do not list relatives) Name Address Work Phone No. Title Years Known PLEASE READ CAREFULLY In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the St Croix Knoll Stables, LLC. Iunderstand and agree that if employed, employment will be "ATWILL." That is, either lort he employer may end the employment relationship at any time, for the employer may end the employment relationship at any time, for the employer may end the employer may end to be a first of the employer mayany reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

DATE SIGNED

APPLICANT'S SIGNATURE