Reno-Tahoe Equestrian Center

2455 Rhodes Road Reno, NV 89521 775.720.3548

Application for Employment

| NAME AND ADDRESS | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|-------------------------|---------|--------|-----------------------|--------------------------|--------|--|
| Name (First. MI, Last) | | | | | Phone 1 | Number | | | | |
| Address | · | | | • | | | | | | |
| City, State, and Zip Code | | | | | | | | | | |
| Email | | | | | | | | | | |
| If under 18, please list ag | e | | | | | | | | | |
| | | JO | В ТҮРЕ | | | | | | | |
| Days/hours available to v | vork: | | | | | | | | | |
| □ I have no preference | □ Mon. | □ Tues. | □ Wed. | □ Thur. | □ Fri. | | □ Sat. | | □ Sun. | |
| I am seeking a: | | | | | • | | | | | |
| □ Full-time job □ Part-time job □ Full or part time | | | | | | | | | | |
| How many hours can you work weekly? | | | | Can you work nights? | | | | Date available to begin: | | |
| | | ADDITI | ONAL INF | ORMATIO | N | | | | | |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ¬ Yes ¬ No | | | | | | | | | | |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes No If Yes, please explain: | | | | | | | | | | |
| Do you have a driver's license? • Yes • No | | | Driver's | river's license number: | | | Issued in what state? | | | |
| Have you had any accidents during the past 3 years? | | | | How many? | | any? | | | | |

| EDUCATION | | | | | |
|-----------------------------------------------------------------------|----------|-----------------|-----------------|----------------------|--|
| School | Location | Years Completed | Major | Degree or Diploma | |
| High School: | | | | | |
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| College or Business / Trade School | | | | | |
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| MILITARY | | | | | |
| Have you ever been in the Armed Forces? Yes No Date entered: | | | | | |
| Are you now a member of the National Guard? Yes No | | | Discharge date: | | |
| Specialty: | | | | | |

WORK EXPERIENCE

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

| Company | Name of last supervisor | Hrs/week | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|--|--|--|
| Address | Start Date | Starting Salary | | | |
| City, State, and Zip Code | End Date | Final Salary | | | |
| Phone Number | Your last job title | | | | |
| Reason for leaving (be specific) | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |
| May we contact this employer? | | | | | |
| Company | Name of last supervisor | Hrs/week | | | |
| Address | Start Date | Starting Salary | | | |
| City, State, and Zip Code | End Date | Final Salary | | | |
| one Number Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | |
| May we contact this employer? Yes No | | | | | |

| WORK EXPERIENCE (cont.) | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|--|--|--|
| Company | Name of last supervisor | Hrs/week | | | |
| Address | Start Date | Starting Salary | | | |
| City, State, and Zip Code | End Date | Final Salary | | | |
| Phone Number | Your last job title | | | | |
| Reason for leaving (be specific) | | | | | |
| List the jobs you held, duties performed, skills used company. | or learned, advancements or promot | ions while you worked at this | | | |
| May we contact this employer? □ Yes □ No | | | | | |
| | | | | | |
| REFERENCES | | | | | |
| Please include name, number, and circumstances of your acquaintance. | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. | | | | | |
| Signature: | | Date: | | | |