



# MARY'S TACK & FEED EMPLOYMENT APPLICATION

An Equal Opportunity Employer

## PLEASE PRINT

\_\_\_\_\_  
Date Last Name First Name Middle

## Present Address

\_\_\_\_\_  
No. & Street City State Zip Code

## Permanent Address

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
**Contact Phone** **Email**

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Are you applying for: \_\_\_\_\_

Regular Full-Time Work? .....  Yes  No

Regular Part-Time Work? .....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary .....  Yes  No

If hired, what date can you start work? \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Mary's Tack & Feed Before? .....  Yes  No

If Yes, When: \_\_\_\_\_

Do you have any friends or relatives working for Mary's Tack & Feed? .....  Yes  No

If Yes, state name(s) and relationships:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying to work at Mary's Tack & Feed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to erification that you are of minimum legal age) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accomodations? .....  Yes  No

If no, describe the functions that cannot be performed:

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a mexical examination, and to skill and agility tests.)

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No

## Education, Training, and Experience

School	Address	No. of Years Completed	Did you Graduate?	Degree or Diploma?
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### Equine Training Or Experience

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

### High School

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

### College/ University

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

### Vocational/ Business

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

Option: Many of our customers (clients) do not speak English. Do you speak, write, or understand any foreign languages? .....

Yes  No

If yes, which languages: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Mary's Tack & Feed? .....

Yes  No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

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Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

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Your Position & Duties \_\_\_\_\_

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Reason For Leaving \_\_\_\_\_

**May we contact this employer for a reference?** .....  Yes  No

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

---

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

---

Your Position & Duties \_\_\_\_\_

---

Reason For Leaving \_\_\_\_\_

**May we contact this employer for a reference?** .....  Yes  No

**Employment History (Continued)**

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

---

Your Position & Duties \_\_\_\_\_

---

Reason For Leaving \_\_\_\_\_

**May we contact this employer for a reference?** .....  Yes  No

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Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

---

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

---

Your Position & Duties \_\_\_\_\_

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Reason For Leaving \_\_\_\_\_

**May we contact this employer for a reference?** .....  Yes  No

**Employment History (Continued)**

---

Name of Employer

Phone Number

---

Type of Business

Your Supervisor's Name

---

Address & Street

City

State

Zip Code

**Dates of Employment:** \_\_\_\_\_

From

To

---

Your Position & Duties

---

Reason For Leaving

**May we contact this employer for a reference?** .....  Yes  No

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**Military Service**

Have you obtained any special skills or abilities as the result of service in military? .....  Yes  No

If so, describe:

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## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

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First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. Of Years Acquainted
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First Name	Last Name	Phone Number
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Address & Street	City	State	Zip Code
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Occupation	No. Of Years Acquainted
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First Name	Last Name	Phone Number
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Occupation	No. Of Years Acquainted
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