

Therapeutic And Recreational Riding Center, Inc.

410-489-5100 Fax: 410-489-3663 trrc01@aol.com www.trrcmd.org



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, disability, religion, marital status, or sexual preference.

Print Legibly		
Date of Application:	Referred by:	
Position(s) Applied For:		
Name:		
	FIRST	MIDDLE
Address: Number Street	CITY	STATE ZIP CODE
Telephone:	Social Security Number:	
Cell/Alternate:	E-Mail	
In case of emergency, please contact	NAME	PHONE
May we contact your present or most curren		
• •	g employed in this country because of Visa or I of citizenship or immigration status will be require	•
On what date would you be available for we	ork?	
What day(s) are you available to work?		
Have you been convicted of a crime, or are	you currently involved in criminal litigation?	□ YES □ NO
If YES, please explain		
Are you a Veteran of the U.S. Military serv	ico? DVES DNO If VES what has	
·	,	
List professional, trade, business or civic ac sex, race, religion, national origin, age, disa	ctivities and offices held. (You may exclude mability, or other protected status)	nemberships which would reveal



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hree references who	are not related to you.
application)	
Dates employed	Work Performed
From To	
Salary	
Starting Final	
Dates employed	Work Performed
From To	
Salary	
Starting Final	
	1
Dates employed	Work Performed
From To	
Salary	
Starting Final	
	Dates employed From To Salary Starting Final Dates employed From To Salary Starting Final Dates employed From To Salary Starting Final Dates employed From To Salary Starting Final



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Special Skills and Qu	ıalifica	atio	ns																		
Summarize special skills	s and q	ualif	fica	tion	ıs acqu	iired fr	om er	nplo	yment	or other	exp	per	ieno	ce.							
Education																					
		Elem	nent	ary			High School				College/University						Graduate/ Professional				
School Name																					
Years Completed	4	5	6	7	8	9	10	11	12		1	2	3	4		1	2	3	4		
Diploma/Degree																					
Describe Course of Study																					
Describe specialized training, apprenticeship, skills, and extracurricular activities.																					
State any additional i	inforn	nati	on	you	u feel	may b	oe he	lpful	to us	in con	sid	eri	ing	your	appl	icati	on.				
I certify that answers g	viven l	nere	<u></u>	are	true a	nd cor	nplet	e to 1	the be	st of my	/ k1	nov	vle	dge.							
I authorize investigation arriving at an employm	on of a	ıll st	tate	eme			-			·					as ma	ay be	ne	cess	sary	' in	
The applicant understa an employment contra writing.									•			•				-	•				
In the event of employ interview(s) may result of the employer.	-								_			•	_							ons	
Signature													I	Date							