

# Triangle Cross Ranch Application for Employment

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Thank you for interest in our organization. We consider adult applicants without regard to race, color, national origin, age, gender, sexual orientation or disability.

## Personal Information

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First MI Alias/Maiden name

2. Current street address \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Email address

3. Phone number \_\_\_\_\_ Best time to call \_\_\_\_\_

4. Any other name(s) under which you have been previously employed or under which records would be located:  
\_\_\_\_\_

5. Names of friends or relatives employed in this organization  
\_\_\_\_\_

6. Have you ever been employed with us before? \_\_\_\_\_ Date(s) \_\_\_\_\_

7. Are you a citizen of the U.S.?  yes  no

8. Of not, do you have a valid work permit?  yes  no

Permit # \_\_\_\_\_ You must provide a copy upon hire.

9. Do you speak and write fluently in English?  yes  no

10. Can you work consistently and report to work on time?  yes  no

11. Have you ever been convicted of a crime?  yes  no

12. If yes, please list dates of offenses and dispositions: \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever had any training in:

- first aid  yes  no
- medication administration  yes  no
- CPR  yes  no
- behavior management  yes  no
- non-violent crisis prevention/intervention  yes  no

*If you are hired, you will be asked to present certificates to validate this training.*

## Employment Desired

Position applied for: \_\_\_\_\_ Date available \_\_\_\_\_

## Education

	Name of school	Address	# years	Degree/certificate
High School				
College				
Trade School				
Military Training				
Other				
Other				
Other				
Other				

Other training or experiences that may be job related and relevant:

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Professional organizations and/or licenses that may be job related:

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### References

Give name, address and a telephone number of four references who are qualified to evaluate your capabilities and who are not related to you. At least two references must be job related.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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### Employment Experience

List your last four employers beginning with your present employer or most recent.

Month/year	Name and address of employer	Rate of Pay	Position	Reason for Leaving
From: To:	Phone # _____ Supervisor _____			May we contact? O yes O no
From: To:	Phone # _____ Supervisor _____			May we contact? O yes O no
From: To:	Phone # _____ Supervisor _____			May we contact? O yes O no

From:				
To:	Phone # _____			May we contact? O yes O no
	Supervisor _____			

### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed and such employment may terminated at will either by myself or my employer upon notice of one party to the other.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references and validate employment with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date