

**Sweetwater Horses, Inc.
Horse Camp Application**

**Return to: Sweetwater Horse Camp
3051 Equitation Lane
Bonita, CA 91902**

Application must be filled in completely or it will not be processed. If a box does not pertain to you, indicate with **N/A** in that space.

Sweetwater Horses Inc. is an equal opportunity employer whose policy is to select the most qualified candidates without regard to race, religion, color, sex, age, and marital or military status, history of disability or national origin.

Date _____ Social Security #

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Drivers License # _____ State _____
(only if you will be operating a company vehicle)

Name _____
Last First Middle

Home Address _____
Street Address City State Zip

Home Phone # _____ Work Phone # _____

Cell Phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Have you ever worked or attended school under another name? () Yes () No
If yes, State _____ dates _____ and name: _____

Dates available From _____ TO _____

Position desired _____ Salary desired _____

Do you meet or exceed the minimum age requirement for that position? () Yes () No

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodations? () Yes () No

How did you come to contact us?

() Newspaper () Employee Referral () Employment Agency () Other
Please Specify: _____

Have you ever worked for Sweetwater Horses Inc.? () yes () no
If yes, When? _____

Do you have any relatives employed with Sweetwater Horses Inc.? () yes () no
If yes, Name: _____

Are you a citizen of the USA or lawfully admitted resident alien? () yes () no
If yes, Alien Reg. # _____

Have you ever served in the Armed Forces? () yes () no
Military occupation _____ Date of duty, From ____/____/____ To ____/____/____
Branch _____ Serial # _____

Past Work History Provide a full record of all employment — paid and volunteer — and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer you **do not** wish us to contact, and the reason _____

Camp Experience

Dates	Camp & Director	Location	Camper or Staff?

References Give names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, and ability.

Name	Address	Phone

Education High School and Beyond

Years	School	Major Subjects	Degree Granted

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields which might have a bearing on the position(s) for which you are applying. Attach a separate sheet if necessary.

What contributions do you think you can make at camp?

What contributions do you think a well-run camp can make to children?

Harassment The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.) Yes No
Explain

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) Yes No
Explain

In case of emergency notify _____

Phone numbers _____

Address _____

Relationship _____

Print Name _____ S.S. # _____

I AGREE AND UNDERSTAND THAT ALL THE STATEMENTS AND INFORMATION ON MY APPLICATION ARE CORRECT AND NO ATTEMPT HAS BEEN MADE TO CONCEAL OR WITHHOLD PERTINENT INFORMATION. I AGREE THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION IS CAUSE FOR IMMEDIATE TERMINATION AT ANY TIME DURING MY EMPLOYMENT.

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS AT THIS TIME WITH NO LIABILITY ARISING THEREFROM _____.

I UNDERSTAND AND AUTHORIZE INVESTIGATION OF ALL STATEMENTS INCLUDING A CRIMINAL HISTORY CHECK WITH NO LIABILITY ARISING THEREFROM _____.

I UNDERSTAND, THAT IF EMPLOYED, I WILL BE AN AT-WILL EMPLOYEE.

I WILL ABIDE BY ALL RULES, REGULATIONS AND POLICIES OF SWEETWATER HORSES INC.

AT THE OPTION OF THE COMPANY, I AGREE TO PHYSICAL EXAMINATION BY A PHYSICIAN CHOSEN BY SWEETWATER HORSES INC. WITH THE UNDERSTANDING THAT MY EMPLOYMENT AT SWEETWATER HORSES INC. DEPENDS UPON MY PASSING THE PHYSICAL.

DATE _____ SIGNATURE _____

