



EMPLOYMENT APPLICATION

Ride On St. Louis (hereinafter referred to as "Employer") offers equal employment opportunities to all persons without regard to race, color, age, sex, national origin, disability, citizenship or any other category protected by federal law, state and local law.

(Please Print – All Sections Must Be Completed)

NAME _____
Last First

CURRENT ADDRESS

Street City State Zip Code

CONTACT INFORMATION

Home Telephone _____

Cell Telephone _____

E-Mail Address _____

SOCIAL SECURITY NUMBER ____ / ____ / ____

POSITION SOUGHT _____

Full Time () Part Time ()

Can you perform the essential functions involved in the job or occupation for which you are applying with or without a reasonable accommodation? Yes () No ()

HORSE EXPERIENCE (Own a horse? Years ridden? Be specific)

DO YOU HAVE ANY EXPERIENCE WORKING WITH THE DISABLED? If yes, please explain.

ARE YOU CURRENTLY EMPLOYED?

If yes, by whom? _____

Address _____

Telephone _____

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? Yes () No ()

On what date would you be available for work? _____



Are you laid off and subject to recall? Yes () No ()

Do you have any physical limitations? If so, explain.

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a parking violation)? Yes () No ()

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding.

Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation). Yes () No ()

If yes, please complete the following:

Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

Did any administrative or judicial proceedings arise out of the allegations of child abuse? Yes () No ()

If yes, please identify the agency or court in which the proceeding was brought and its location, the parties to that proceeding, the docket number of the proceeding, and any judgment or resolution that was entered or reached.

Are you under the supervision of any federal, state or local agency as result of any allegations of child abuse? Yes () No ()

A "yes" response to any of the three preceding questions will not necessarily disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

PERSONAL REFERENCES

Give the name, address, and telephone number of three persons who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Date _____ Applicant's Signature _____



I grant permission to the Employer to investigate thoroughly my complete personal, educational and work histories and verify all information given by me in connection with my seeking employment with the Employer. I also grant permission to the Employer to contact, in connection with my application and periodically thereafter if I am employed, the Missouri Division of Family Services and any other governmental agencies, in order to verify the continued accuracy of any information given in connection with this application. And I further agree to complete, in connection with my application and periodically thereafter if I am employed, any and all forms required by the Employer (including, but not limited to an application for child abuse/neglect screening form to be submitted to the Missouri Department of Social Services). In addition, I release the Employer and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Employer, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon termination of my employment with the Employer, regardless of when, how or why my employment is terminated, and whether such termination is effected by me or by the Employer, I authorize the release of reference information on all aspects of my employment history with the Employer and release the Employer and all of its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Employer, my employment will be based upon mutual agreement and that either the Employer or I may terminate the employment relationship at any time and for any reason. I further understand that no supervisory, agent or representative of the Employer has any authority to enter into any oral or written employment agreement with me for any period of time or to make any oral or written agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Employer, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Date _____ Applicant's Signature _____