C&M STABLES

APPLICATION FOR EMPLOYMENT

Application Date		
Social Security Number		
	or employment with C & M	
PERSONAL		
Name (Last)	(First)	(Middle Name)
Other Names used (Maid	len Name)	
Mailing Address		
City, State, Zip		00 TO 100 TO
How long have you lived	at this address	
-		00 134 AP 405 100 at a few pin way pin way
	(Include City, County, Sta	ite)
Current Telephone		
	observance, are they're ank. Yes / No	

Are you legally eligible to work in the United States? Yes No

Will you work overtime? Yes No

Are you l8years of age or older? Yes No

Do you have a valid driver's license? Yes No

State Driver's License Number

Have you been convicted of a crime? Yes No If "Yes", list <u>EACH</u> conviction (felony, misdemeanor) separately and State convicted in:

Have you ever been bonded? Yes No With what employer? Explanation:

Have you ever been denied bonding? Yes No. If yes, explain:

Do you know how to operate a tractor? Yes No

EDUCATION

Circle last grade level competition 1 2 3 4 5 6 7 8 9 10 11 12

Describe formal education or training beyond grade 12, including technical.

Describe any horse experience that you have had that would qualify you for this job.

EMPLOYMENT EXPERIENCE:

Start with your present or last job.

If you need additional space, please continue on a separate sheet of paper.

	Supervisor		
		Final:	
rmed:			
	Supervisor		
	From	То	
		98-98-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8	
		Final:	
rmed:			
	Supervisor		
	From	То	
		Por Western Name and Control of Control	
Telephone	Start:	Final:	
rmed:			
	Telephone Telephone Telephone Telephone	Telephone Start:	

EMPLOYER:		Supervisor	
City, State, Zip:			
Job Title:	Telephone	Start:	Final:
Reason for Leaving:			
Describe Work Perfe	ormed:		
EMPLOYER:		Supervisor	ormore, personal and an analysis of the second second
Job Title:	Telephone	Start:	Final:
Reason for Leaving:			
Describe Work Perfe			
EMPLOYER:		Supervisor	
Job Title:	Telephone	Start:	Final:
Reason for Leaving:		ومعيدا والمراول والمعارض والمع	
Describe Work Perfo			
EMPLOYER:		Supervisor	
Address:		From	То
City, State, Zip:			o — West Management - William bendens and
Job Title:	Telephone	Start:	Final:
Reason for Leaving: Describe Work Perf	ormed:		to describe the second

IN C	ASE OF AN EMERGENCY:	
PEI	RSON TO NOTIFY: NAME	RELATIONSHIP:
	PHONE:	CELL:
SEC	COND CONTACT: NAME:	RELATIONSHIP:
	PHONE:	
PRE-	EMPLOYMENT QUESTIONS:	
1.	Do you feel that you are a re	cliable and dependable employee? Why?
2.	check all items that you havea. Pocket Knifeb. Watch	uired to have these items to work. Pleasec. Current First Aid/CPR Card Suitable for ridingf. Rain Gear
3.		h. C&M Work Shirts provided) indy days at the beach supplies supplied)
	Explain:	
4.	What Position are you applying foa. Office Personnel-only does ob. Head Guide-Does all chores	
	(must be 18 or older)c. Back up Guide-Does all cho works under head guide on rides (res on the ranch except driving tractor and must be 14 or older)
	<u> </u>	neral clean-up (barn chores, clean corral,

READ THE FOLLOWING CAREFULLY

I certify that the information I have provided is true and complete. I have been advised that C&M Stables might request a criminal records check about me. I authorize the companies or persons listed above to give any information regarding my employment together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies or persons from all liability for any damage whatsoever for issuing this information. I understand that any misrepresentation or omission of fact called for in this form are grounds to deny employment or, if hired, to terminate employment at any time.

I authorize and consent to C&M stables, obtaining consumer report and or an investigative consumer credit report under the Federal Fair Credit Reporting Act. I authorize and consent to Cardinal Services, Inc. utilizing said reports in any manner they deem reasonable to evaluate my qualifications for employment I understand that I will be advised if any such reports are the basis for adverse action on the part of Cardinal Services, Inc. as to my employment and I understand that I will be given the opportunity to review any such adverse reports.

Signature:			
Print Name:		والمقافلة والمراوية والمقاولة والمراوية والمائلة والمراوية والمائلة والمائلة والمائلة والمائلة والمائلة والمائلة	
Date:			