



Employment Application

Name _____ Soc. Sec. # _____
Address _____
City _____ State _____ Zip _____ Telephone: Day(_____) _____
Evening(_____) _____ Cell (_____) _____

Email: _____

Person to contact in case of emergency: _____

Telephone: Day(_____) _____ Evening(_____) _____

Position applying for: _____

What days/hours are you available to work? _____

Are you available on Saturdays and/or Sundays? _____

Do you have your own transportation to/from work? _____

Describe any previous experience working with horses: _____

Describe any previous experience doing other types of farm work, construction, plumbing, electrical, automotive or landscaping work _____

Can you operate: (circle all that apply) circular saw | dump truck | bulldozer | welder table saw | chain saw | | tractor | | loader other: _____

Please list your 2 most recent previous employers:

1. Name | | | City/State | | | Tel# | | Your job title

Your Supervisor's name Date Started Date Left Reason for leaving

2. Name | | | City/State | | | Tel# | | Your job title

Your Supervisor's name Date Started Date Left Reason for leaving

Please list 2 employment references, with names and current telephone numbers:

1 _____

2 _____

Kheystone Management Company is an Equal Opportunity Employer. Kheystone Management Company will not require a polygraph test as a condition of obtaining employment. I have read the job description provided to me for the position for which I am applying, and I certify that I am capable of fulfilling all the requirements of the job. I certify that all questions on this application have been answered truthfully. I certify that I am not bound by any prior employment contracts, including noncompete, non-solicit or confidentiality agreements which will interfere with the performance of the job for which I am applying. I certify that I can comply with Kheystone Management Company's Drug and Alcohol Policy.

(No consumption of alcohol, use of drugs or abuse of legal medications on the premises during work shift. No consumption of alcohol, use of drugs or abuse of legal medications at other times or locations that would affect safety of any on the premises.)

Signature _____ Date _____