1204 State Rte 302 Pine Bush,NY 12566 845-361-1429 JuckasStables@frontiernet.net JuckasStables.com

Juckas Stables, Inc.



WRANGLER APPLICATION

CONTACT INFORMATION			_	JOB INFORMATION	
First Name	Last Name				
Mailing Address				Date available for work	
City	State	State Zip		Last date available for work	
lome Phone	Cell Phone		Full Time	e Part Time	
mail Address			Can you	come in for an interview?	
EMPLOYMENT HISTO	ORY: Start with cu	rrent or last employer			
Company:		Position:	Sta	art Date:	
Address:		City/State:	En	d Date:	
Supervisor:	-	Reason for leaving:	Reason for leaving:		
Phone #:		Email:	Email:		
Company:		Position:	Sta	art Date:	
Address:		City/State:	En	d Date:	
Supervisor:		Reason for leaving:	Reason for leaving:		
Phone #:		Email:	Email:		
Company:		Position:		art Date:	
Address:			City/State: End Date:		
Supervisor: Phone #:		Email:	Reason for leaving:		
i none π.		Linaii.			

EDUCATION	DUCATION							
School Name	From	То	Diploma/Degree/Course of Study					
XPERIENCE								
Check all Licenses and/or Certificat	ions that perta	in to you:						
☐ Drive License #: State:								
☐ WFR (Wilderness First Responder): Expiration Date:								
☐ CPR: Expiration Date:								
☐ First Aid: Expiration Date:	☐ First Aid: Expiration Date:							
☐ Other:	☐ Other:							
Check any related skills or training	vou mav have.	Please spe	cify experience:					
•	-	-						
	☐ Trail Riding: Lameness/Wound Care:							
☐ Tack Repair:								
	☐ Area Knowledge:							
☐ Customer Service:								
□ Natural History:								
	☐ Trail First Aid:							
EMPLOYEE QUESTIONNAIRE								
Outside complete the Calley Co.	Annacia e 11 t	h a <i>f</i> i						
Quickly complete the following sta								
My greatest weakness is	My greatest strengths are My greatest weakness is							
	2. My greatest weakness is							
	3. Being late is4. I can add to the RRA team by							
	5. When I am stressed I6. When others will not cooperate I							
9 Loniov talking about								

HORSE EXPERIENCE: Do you have any previous Horse Experience? YES NO							
(If YES please fill out experience below)							
Company:	Seasons/Years Worked:	Supervisor:					
Duties							
Reason for leaving:							
Company:	Seasons/Years Worked:	Supervisor:					
Duties	1						
Reason for leaving:							
Company:	Seasons/Years Worked:	Supervisor:					
Duties	Seasons/ reals worked.	Supervisor.					
Reason for leaving:							
Company:	Seasons/Years Worked:	Supervisor:					
Duties							
Reason for leaving:							
Disclaimer: This application is intended for	or evaluating your suitability for emp	loyment It is not intended to					
be, nor may be construed to be, a contra		loyment. It is not intended to					
be, not may be construed to be, a contra	ct of employment of any type.						
Affidavit: I certify that the answers given by me in the foregoing questions and statements are true and							
correct without omissions of any kind. I authorize the U.S. Government, companies, schools or persons							
named above to give any information they may have regarding my employment, separation or discharge							
together with any information they may have regarding me whether or not it is in their records. I							
understand and agree that a false statement herein is grounds for denial of employment, or basis for							
dismissal if already employed. It is further understood that my employer will not be responsible for any of							
my property lost, stolen or damaged.	r dilacistood that my employer will i	iot be responsible for any or					
my property lost, stolen or damaged.							
Have you been convicted of a crime? YES NO If yes, please explain:							
CICNED	DATE						
SIGNED	DATE						