

Fair Hill Saddlery

5930 Telegraph Road Elkton, Maryland 21922

APPLICATION FOR EMPLOYMENT

This is an application for employment with Fair Hill Saddlery. Please complete this application legibly and in its entirety. If additional space is needed, please use the addendum to this form. Attach all documentation to this form.

Fair Hill Saddlery provides equal employment opportunity to qualified persons without regard to race, color, creed, ancestry, religion, sex, age, national origin, disability, veteran status, marital status, political affiliation, sexual orientation, genetic background, or any other reasons as prohibited by Federal State, or Local law. Fair Hill Saddlery provides accommodations to individuals with disabilities in accordance with the Americans with Disabilities Act.

POSITION APPLYING FOR:	POSITION APPLYING FOR:[ASK FOR JOB DESCRIPT			CRIPTION]				
GEI	NERAL INFORMATION							
Name:(Last) (First)			(Middle)					
(Social Security Number/last 4 digits ONLY)	(Telephone Number 1)		(Telephone Number 2)					
Current Address								
(Number and Street Address)	(City)	(State)	(Zip)	(Years)				
Do you have a valid driver's license? Yes No	Number and type							
EDUCATION								
Name/Location	Total credits earned	Diploma or D (please spec	egree Course cify)	of Study				
(High School/GED)								
(College or University)								
(Graduate School)								
(Trade, Business, Technical School)								

(Other)

WORK EXPERIENCE (Beginning with your current or most recent employment)				
Name of employer:	Employed from:to:			
Address where you work(ed):	Salary Start Present/End Salary			
Your last supervisor – Name:	Telephone #:			
Position and Job responsibilities:				
Reason for separation:	May we contact your current employer?YesNo			
Name of employer:	Employed from:to:			
Address where you worked:	Salary Start End Salary			
Your last supervisor – Name:	Telephone #:			
Position and Job responsibilities:				
Reason for separation:				
Name of employer:	Employed from:to:			
Address where you worked:	Salary Start End Salary			
Your last supervisor – Name:	Telephone #:			
Position and Job responsibilities:				
Reason for separation:				
Name of employer:	Employed from:to:			
Address where you worked:	Salary Start End Salary			
Your last supervisor – Name:	Telephone #:			
Position and Job responsibilities:				
Reason for separation:				

MILITARY SERVICE					
Branch of Service:	Rank:	Year From:	To:		
			10		
Describe Training:					
NOTICES TO APRILIC	ANT FOR EM	IDI OVMENT			
NOTICES TO APPLICATION OF THE SAME THE SAME TO APPLICATION OF THE SAME TO A			LOYMENT OR PROSPECTIVE		
EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A FA CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. FOR VIOLATION OF THIS LAW AND A FINE NOT EXCEEDING \$100.00.	POLYGRAPH, LIE	DETECTOR OR SIMILAR	TEST OR EXAMINATION AS		
Applicant's Signature			 Date		
 You must be legally authorized to work in the United States under the United States. 	United States immigra	ation Reform and Control Ac	t of 1986.		
 Applications for employment must be filed by the announced closing da Changes to your application must be brought to the attention of Fair Hil 					
			· · ·		
Note: A conviction may be relevant, if job related but well to it is the policy of Fair Hill Saddlery to maintain a workplace potential employees are subject to pre-employment drug test Fair Hill Saddlery are subject to post-accident and reasons Saddlery's request for pre-employment, post accident, and Fair Hill Saddlery, its employees and agents from all liability decisions.	ce free from alcosting as a conditionable suspicion conditionable suspicion conditionable suspicionable suspiciona	ohol and drug abuse a on of employment. If e drug and alcohol testin uspicion drug and alc	and its effects. As such, mployed, all employees of ng. I consent to Fair Hill ohol testing and release		
Applicant's Signature		Da	ate		
I hereby affirm that this application contains no willful misrepristrue and complete to the best of my knowledge and belief. result in my application being disapproved, and employment w	I understand the	at willful misrepresenta	tions or falsifications may		
I hereby authorize Fair Hill Saddlery, by its agents and/o previous employment, or to otherwise verify the information I waive all liability against Fair Hill Saddlery and those compainquiries with regard to this employment application.	I have provided v	with this application. I	hereby hold harmless and		
I understand and agree that nothing contained in this applicate by Fair Hill Saddlery, employment is "at will"; that I am free the employment relationship at any time with or without cause	to resign at any	time and that Fair Hi	Il Saddlery may terminate		
Applicant's Signature		Date			
FOR OFFICE USE ONLY:					
Application reviewed by:		Date:			
Interviewed by		Date:			