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**DATE OF APPLICATION:**
**DATE AVAILABLE TO BEGIN WORK:**
**TYPE OF EMPLOYMENT:(TICK APPLICABLE BOX)**
**FULL TIME:**
 **PART TIME:**
 **SEASONAL:**

**SUMMER:**

**YEARLING:**
 **BROODMARE:**
 **MAINTENANCE:**

**PERSONAL DATA**
**LAST NAME:**
**GIVEN NAME(S):**
**ADDRESS:**
**HOME PHONE #**
**EMAIL ADDRESS:**
**CITY:**
**POSTAL  
CODE:**
**BUSINESS#**
**ARE YOU 16 YEARS OF AGE OR OLDER AND LESS THAN 65**
**YEARS OF AGE?**

 Yes 

 NO 
**IN CASE OF EMERGENCY PLEASE CONTACT:**
**PHONE #**
**ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES  NO** 
**THE JOB REQUIRES WEEKEND WORK. IS THIS A PROBLEM?  YES  NO** 
**(SUMMER EMPLOYEES ONLY)  
YEARLING DIVISION REQUIRES THAT YOU  
STAY UNTIL SEPTEMBER 9<sup>TH</sup> IS THIS A PROBLEM?  YES   
NO** 
**DO YOU HAVE A RECORD OF CONVICTION UNDER THE HIGHWAY TRAFFIC  
ACT?  YES  NO** 
**DO YOU REQUIRE ACCOMMODATIONS?**
 YES  NO

**IF YES, DATE OF  
SUSPENSION:**
**DO YOU HAVE ANY CONDITIONS THAT COULD  
AFFECT YOUR ABILITY TO DO THE JOB?**
 YES  NO

**LENGTH OF  
SUSPENSION:**
**EDUCATION**
**SECONDARY SCHOOL**
**GRADE 12 COMPLETED? YES  NO** 
**IF NO, PLEASE INDICATE HIGHEST GRADE COMPLETED \_\_\_\_\_**
**BUSINESS, TRADE OR TECHNICAL SCHOOL**
**NAME OF COURSE:**
**COURSE LENGTH**
**LICENCE, CERTIFICATE OR DIPLOMA AWARDED?  YES  NO** 
**COMMUNITY COLLEGE**
**NAME OF PROGRAM**
**PROGRAM LENGTH**
**UNIVERSITY**
**COURSE LENGTH:**
**AWARDED:  
DEGREE**
 **PASS**
 **HONOURS**
**DIPLOMA RECEIVED?  YES  NO** 
**MAJOR SUBJECT:**
**FIRST AID: TYPE OF CERTIFICATE RECEIVED**
**EXPIRY DATE:**
**OTHER COURSES, WORKSHOPS, SEMINARS, LICENCES, CERTIFICATES, DEGREES OR WORK RELATED SKILLS, PLEASE LIST BELOW**

**EQUINE EXPERIENCE**

PLEASE INDICATE WHICH BREEDS OF HORSES YOU HAVE WORKED WITH:

THOROUGHBREDS

"SPORT" HORSES

STANDARD BREDS

HAVE YOU DONE ANY OF THE FOLLOWING?

GROOMING  YES  NO  
SALES  YES  NO  
BREAKING  YES  NO  
TEASING  YES  NO  
FOALING  YES  NO  
WEANING  YES  NO  
BANDAGING  YES  NO

POULTICING  YES  NO  
USED STRAW BEDDING  YES  NO  
DUMPED WAGONS  YES  NO  
USED SHAVINGS/PEAT  YES  NO  
MOSS  YES  NO  
VANNING  YES  NO  
USED A CHIFNEY BIT  YES  NO  
HANDLED STALLIONS  YES  NO  
DRIVEN SMALL TRACTOR  
(40 HP OR LESS)  YES  NO

EXERCISE RIDER  YES  NO  
IF YES WEIGHT: \_\_\_\_\_  
WALKED YEARLINGS  YES  NO  
HANDLED MARES +  YES  NO  
FOALS  YES  NO  
HELD FOR FARRIER  YES  NO  
HELD FOR VETERINARIAN  YES  NO  
HANDLED TEASERS  YES  NO

FOR INDIVIDUALS HIRED TO WORK ON THE YEARLING DIVISION, YOU WILL BE REQUIRED TO TRAVEL TO & FROM THE TORONTO SALES AND/OR KEENELAND SALES IN KENTUCKY FOR EXTENDED PERIODS OF TIME.  
DO YOU HAVE A PROBLEM WITH TRAVELLING? PLEASE CHECK YES  | NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?  YES  NO

**EMPLOYMENT INFORMATION**

NAME OF PRESENT/LAST EMPLOYER: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS OF PRESENT/LAST EMPLOYER: \_\_\_\_\_

PRESENT/LAST JOB TITLE: \_\_\_\_\_

PERIOD OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PRESENT/LAST SALARY: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS OF PREVIOUS EMPLOYER: \_\_\_\_\_

PREVIOUS JOB'S TITLE: \_\_\_\_\_

PERIOD OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PREVIOUS SALARY: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE APPROACH YOUR PRESENT EMPLOYER:  YES  NO  
MAY WE APPROACH YOUR LAST/PREVIOUS EMPLOYERS(S)  YES  NO

**REFERENCES:**

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.  
I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT,  
OR CAUSE MY DISMISSAL. IT IS AGREED THAT YOUR  
EMPLOYMENT WITH US IS ON A TEMPORARY BASIS UNLESS OTHERWISE NOTIFIED, INCLUDING  
A THREE (3) TO SIX (6) MONTH PROBATIONARY PERIOD.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE OF INTERVIEW: \_\_\_\_\_ INTERVIEWED BY: \_\_\_\_\_

S.I.N.# (UPON HIRE) \_\_\_\_\_ O.H.I.P.# (UPON HIRE) \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ DATE TO START: \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ BOARDING \_\_\_\_\_