

NARHA Application for Employment (continued)

Employment History Please list the following information for the last 3 jobs you held:

① _____
Job Title *Employer*

_____ _____
Type of Business *City, State*

_____ _____ _____
Immediate Supervisor *Supervisors Title* *Supervisors Phone*

Dates of Employment: _____/_____/_____ to _____/_____/_____
(mo/yr) *(mo/yr)* *Starting Salary* *Ending Salary*

Reason for Leaving

② _____
Job Title *Employer*

_____ _____
Type of Business *City, State*

_____ _____ _____
Immediate Supervisor *Supervisors Title* *Supervisors Phone*

Dates of Employment: _____/_____/_____ to _____/_____/_____
(mo/yr) *(mo/yr)* *Starting Salary* *Ending Salary*

Reason for Leaving

③ _____
Job Title *Employer*

_____ _____
Type of Business *City, State*

_____ _____ _____
Immediate Supervisor *Supervisors Title* *Supervisors Phone*

Dates of Employment: _____/_____/_____ to _____/_____/_____
(mo/yr) *(mo/yr)* *Starting Salary* *Ending Salary*

Reason for Leaving

May we contact your current and past employers and utilize their reference information? Yes No

Professional References Please list the following information for 3 persons not related to you who know your qualifications:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

I verify that the information provided above is true and complete. I agree and understand that falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with the North American Riding for the Handicapped Assoc. I understand that all information on this application and in my resume is subject to verification.

_____ _____ _____
Applicant Signature *Print Name* *Date*

How did you hear about this position? NARHA Website Newspaper Radio/TV
 Online (please specify): _____ Other (please specify): _____