



**JOB APPLICATION**

*Return to:*

Rockin R Rides, Inc.

PO Box 815, Custer, SD 57730

(Rockin R Rides is an equal opportunity employer)

**\*means required field**

\*NAME: \_\_\_\_\_ \*PHONE/CELL: \_\_\_\_\_  
\*ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*EMAIL: \_\_\_\_\_ \*CPR/1<sup>ST</sup> AID CERTIFIED CURRENT? \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ \*SSN: \_\_\_\_\_ DR. LICENSE #: \_\_\_\_\_  
\*HEIGHT: \_\_\_\_\_ \*WEIGHT: \_\_\_\_\_ \*ANY FELONY CONVICTIONS/DUI? \_\_\_\_\_  
\*EDUCATION: \_\_\_\_\_  
\*DATES AVAILABLE? START: \_\_\_\_\_ END: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

**\*PREVIOUS EMPLOYMENT: (use additional sheet if needed)**

1. \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
2. \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
3. \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

**\*WORK REFERENCES: (list how related ie. Employer, supervisor, teacher, etc.)**

1. \_\_\_\_\_ PHONE: \_\_\_\_\_  
2. \_\_\_\_\_ PHONE: \_\_\_\_\_  
3. \_\_\_\_\_ PHONE: \_\_\_\_\_

I authorize Rockin R Rides, Inc. to check references & release such persons supplying information from any liability or damages on account of furnishing such information. \*SIGNED: \_\_\_\_\_

**\*EXPERIENCE:**

NARRATIVE OF EXPERIENCE: (guiding, horse related, people related, any applicable training, general background – use additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*RATE YOUR RIDING ABILITY: Poor Fair Average Good Excellent  
(very gentle horse) (starts colts)

The information provided for this application is accurate and complete.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability which might result from making such investigation. Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date