



LEGACY RIDGE EQUINE FACILITY

Legacy Ridge EQ Employment Application

Name: _____

Phone: _____ email: _____

Address: _____

Do you have a valid Alberta Drivers License? yes no Do you have reliable transportation? yes no

Recent Work History

Name of Employer: _____ Position: _____

Name & Phone Number of reference: _____

Employer Address: _____

Position: _____ Reason for Leaving: _____

Name of Employer: _____ Position: _____

Name & Phone Number of reference: _____

Employer Address: _____

Position: _____ Reason for Leaving: _____

Equine Employment History (if different from above)

Name of Employer: _____ Position: _____

Name & Phone Number of reference: _____

Employer Address: _____

Position: _____ Reason for Leaving: _____

Name of Employer: _____ Position: _____

Name & Phone Number of reference: _____

Employer Address: _____

Position: _____ Reason for Leaving: _____

I authorize the Legacy Ridge EQ to contact my above stated references and verify the information provided, and obtain any other information relevant to this application

Signed: _____ Dated: _____