



Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City & State of Birth \_\_\_\_\_

What are you Applying For: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

U.S. Military \_\_\_\_\_ Referred By (name of Trooper, if applicable) \_\_\_\_\_

Have you ever been convicted of a felony or crime of moral turpitude? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Name of School \_\_\_\_\_ Year Graduated \_\_\_\_\_

### List Last Three Employers

1) Date Employment Began & Ended \_\_\_\_\_ Employer Name & Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2) Date Employment Began & Ended \_\_\_\_\_ Employer Name & Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3) Date Employment Began & Ended \_\_\_\_\_ Employer Name & Address \_\_\_\_\_

**List Three Personal References (Excluding Family)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Type of Acquaintance \_\_\_\_\_

**Horse**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

**Equestrian Experience**

Years of Riding Experience \_\_\_\_\_ Riding Style \_\_\_\_\_

Have you ever recieved formal instruction? \_\_\_\_\_

If yes, name of instructor, type of instruction and date:

\_\_\_\_\_

List any club or organization affiliations \_\_\_\_\_

How did you learn about Alpha & Omega Services? \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Name \_\_\_\_\_ Signature \_\_\_\_\_

By Fax: 817-379-5993

By Mail: Attn: Human Resources  
Alpha & Omega Services  
2906 W. Southlake Blvd., Southlake, TX 76092