# **GUNSTON HALL FARM**



## **INTERNSHIP APPLICATION**

Term for which applying: Year\_\_\_\_\_

SESSION I:	Spring Breeding/Foaling (January-June)
SESSION II:	Fall Yearling/ Sales Prep (July – December)

#### **PERSONAL INFORMATION**

Name:	
Mailing Address:	
Permanent Address:	
Telephone:	
DOB	Sex: Male Female
Social Security Number:	
Have you had any injuries in the past or medica participation in this program? If so, please desc	ribe:
Do you have any allergies (list) ?	
Do you smoke? Are you opposed to	b living with a smoker?
Are you currently under a doctor's care or are y impair your judgement when working around h your participation in this internship?	<i>c</i> .

## **RESIDENCY AND CITIZENSHIP INFORMATION**

Place of Birth:
Are you a US Citizen?
If no, what is your country of citizenship
If not a US citizen what is your status?
EMERGENCY CONTACT INFORMATION
Name of Spouse or Gaurdian:
Address of Spouse or Gaurdian:
Telephone Number of Spouse or Gaurdian:
Day:
Night:
Other Emergency Contact Name:
Telephone Number:
Day:
Night:
Address:

### **ACADEMIC HISTORY**

Do you have a high school diploma?	Year of Graduation:
High School Name:	City/State:
Have you ever been dismissed/suspended from any	school or college?

Current Status:

College Freshmen	College Sopho	moreColl	lege Junior
College Senior	_ Graduate Student	Other	Employed Full Time
Unemployed			

List all Post Secondary schools that you have attended beginning with the most recent. Include graduate, technical or professional schools. (Transcripts maybe needed)

SCHOOL NAME	CITY/STATE	MAJOR	DATES	DEGREE
			<u>ATTENDED</u>	

### **BACKGROUND INFORMATION**

Provide a brief description of your <u>horse related</u> experiences and dates hours spent for each. Attach additional sheets if necessary.

<u>TYPE OF EXPIRENCE</u>	CITY/STATE	<b>DESCRIPTION</b>	HRS/WEEK	DATES

Provide a brief description of your <u>work experiences</u> and dates hours spent for each. Attach additional sheets if necessary.

List any awards man within a superizations on activities that you fail an important	
List any awards, recognitions, organizations or activities that you feel are important pertain to this internship:	. or
1 1	
What are your Strengths?	
What are your Weaknesses?	
Please Rate Yourself in the following Categories.	
(1 being the worst 5 being the best)	
How well do you work in cold weather?	
How well do you handle intense physical labor?	
How well do you handle stressful situations?	
How well do you work with others? How well do you accept/complete tasks without being told?	
How well do you follow directions from supervisors?	

How punctual are you?\_\_\_\_\_ How dependable are you?\_\_\_\_\_ How well do you accept criticism?\_\_\_\_\_ How would you rate your ability to handle horses?\_\_\_\_\_

Is there anything additional, not already asked on this application, which is relevant or important to consider, whether personal or employment related, when reviewing this internship application?

## **AUTHORIZATION AND SIGNATURE**

I certify that all information provided in this application is complete and accurate to the best of my knowledge.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_