

 **Cloverleaf Ranch Employment Application** 

Name: _____ Social Security Number: ____ - ____ - ____

Present Address: _____ Phone: (____) ____ - ____
(Street) (City, State) (Zip)

Permanent Address: _____ Phone: (____) ____ - ____
(Street) (City, State) (Zip)

E-Mail Address: _____

- Are you 19 yrs or older? Yes No
- Will you be 21 or older by June 1st? Yes No
- Are there any reasons you may have difficulty in performing any of the essential elements for which you are applying? Yes No, If yes, please explain: _____
- Have you ever been convicted of a felony or misdemeanor? Yes No, If yes, please explain: _____
- Do you smoke? Yes No. I understand that Cloverleaf Ranch is a non-smoking environment. **Initials:** _____
Smoking is only permitted during off duty times, away from children and in designated areas.

EDUCATION:

College: _____ Major: _____ Years: _____ Degree: _____

EMPLOYMENT:

Employer: _____ Position: _____ Supervisor: _____ Dates: _____ Phone Number: _____

SKILLS:

REFERENCES:

Give complete names, addresses, and phone numbers of three persons (not relatives and preferably employers) who have knowledge of your character, experience and abilities and how they relate to the position to which you are employing.

Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____

I agree to submit fingerprinting and to a review of my State Department of Motor Vehicle driving record (for those staff required to transport others). I understand and agree that a clear record on each is considered a condition of employment. **Initial:** _____

To the best of my knowledge, all of my statements are correct, and I acknowledge that any falsification of information is grounds for rejection of application or termination of employment.

Signature: _____ Date: _____

CLOVERLEAF RANCH INC.
3892 Old Redwood Hwy., Santa Rosa, CA 95403
Phone: 707-545-5906 Fax: 707-545-5908
E-Mail: CloverleafRanch@hotmail.com Website: CloverleafRanch.com

A little more information... 

POSITIONS APPLYING FOR:

1st. _____
 2nd. _____
 3rd. _____

SKILL AREAS: (please indicate your ability for each of the skills listed below)

1 – Can organize & teach **2** – Could assist with instruction **3** – Have had training in & participated in
Blank – If are not familiar with activity

<p>SPORTS</p> <p><input type="checkbox"/> Archery <input type="checkbox"/> Aerobics <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Gymnastics <input type="checkbox"/> New Games <input type="checkbox"/> Riflery <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball</p> <p>OFFICE SKILLS</p> <p><input type="checkbox"/> Typing <input type="checkbox"/> Computer <input type="checkbox"/> Yearbook <input type="checkbox"/> Newspaper <input type="checkbox"/> Quickbooks <input type="checkbox"/> Other _____</p>	<p>ARTS & CRAFTS</p> <p><input type="checkbox"/> Beads <input type="checkbox"/> Bracelets <input type="checkbox"/> Ceramics <input type="checkbox"/> Drawing <input type="checkbox"/> Lanyards <input type="checkbox"/> Leather <input type="checkbox"/> Macramé <input type="checkbox"/> Nature Crafts <input type="checkbox"/> Painting <input type="checkbox"/> Paper Mache <input type="checkbox"/> Tie Dye</p> <p>HORSEBACK RIDING</p> <p><input type="checkbox"/> Western <input type="checkbox"/> English <input type="checkbox"/> Equitation <input type="checkbox"/> Trail riding <input type="checkbox"/> Vaulting <input type="checkbox"/> Horse Care <input type="checkbox"/> Other _____</p>	<p>WATERFRONT</p> <p><input type="checkbox"/> Water-Skiing <input type="checkbox"/> Water Exercise <input type="checkbox"/> Water Polo <input type="checkbox"/> Fishing <input type="checkbox"/> Swim Lessons <input type="checkbox"/> Lifesaving <input type="checkbox"/> Canoeing <input type="checkbox"/> Kayaking <input type="checkbox"/> Sailing <input type="checkbox"/> Pool Maintenance <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Costume & Props <input type="checkbox"/> Face Paint <input type="checkbox"/> Mime <input type="checkbox"/> Plays <input type="checkbox"/> Puppetry <input type="checkbox"/> Skits <input type="checkbox"/> Other _____</p>	<p>DANCING</p> <p><input type="checkbox"/> Ballet <input type="checkbox"/> Square <input type="checkbox"/> Disco <input type="checkbox"/> Folk <input type="checkbox"/> Jazz <input type="checkbox"/> Country <input type="checkbox"/> Hip-Hop <input type="checkbox"/> Modern <input type="checkbox"/> Salsa</p> <p>GENERAL CAMP SKILLS</p> <p><input type="checkbox"/> Play Guitar <input type="checkbox"/> Lead singing <input type="checkbox"/> Campfire Programs <input type="checkbox"/> Story Telling <input type="checkbox"/> Photography <input type="checkbox"/> Leadership Training <input type="checkbox"/> Talent Shows <input type="checkbox"/> Special Events <input type="checkbox"/> Other _____</p>	<p>NATURE SKILLS</p> <p><input type="checkbox"/> Astronomy <input type="checkbox"/> Birds <input type="checkbox"/> Conservation <input type="checkbox"/> Environmental Education <input type="checkbox"/> Gardening <input type="checkbox"/> Geology <input type="checkbox"/> Hiking <input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Plant Life <input type="checkbox"/> Pond Life <input type="checkbox"/> Ropes Course <input type="checkbox"/> Small Animal Care <input type="checkbox"/> Other _____</p>
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CERTIFICATES: (Check off below all current certificates, and expiration date)

<input type="checkbox"/> First Aid	Expires: _____	
<input type="checkbox"/> C.P.R.	Expires: _____	
<input type="checkbox"/> A.R.C. Water Safety Instructor	Expires: _____	
<input type="checkbox"/> A.R.C. Lifeguard Training	Expires: _____	
<input type="checkbox"/> C.H.A. or Horse Safety Instructor	Expires: _____	Level: _____
<input type="checkbox"/> California Drivers License	Expires: _____	Class: _____
<input type="checkbox"/> Canoeing/Sailing/Boating	Expires: _____	Level: _____
<input type="checkbox"/> Outdoor Living Skills	Expires: _____	
<input type="checkbox"/> Riflery Instructor (N.R.A.)	Expires: _____	
<input type="checkbox"/> Archery Instructor (N.A.A.)	Expires: _____	
<input type="checkbox"/> Other _____		

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