

PANHANDLE EQUINE RESCUE, INC.
EQUINE CRUELTY INVESTIGATOR APPLICATION FORM

**Please print all information requested except signature.

Date _____
Name _____
Present Address _____
How long? _____
Telephone _____
Social Security No. _____ - _____ - _____
Birthdate _____

What date would you be available to begin training? _____

Days and Hours Available:

Mon _____	Fri _____
Tues _____	Sat _____
Wed _____	Sun _____
Thurs _____	

EDUCATION

High School Graduate? _____ Name of school _____
Did you attend college? _____ Name of school _____
Number of years _____ Major & Degree _____
Business or Trade School? _____ Name of school _____
Number of years _____ Major & Degree _____
Professional School? _____ Name of school _____
Number of years _____ Major & Degree _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Typing Yes No

Personal Computer Yes No

Do you own a digital camera? Yes No

Please list two references other than relatives or previous employers.

Name_____

Position_____

Company_____

Telephone_____

Name_____

Position_____

Company_____

Telephone_____

Do you own or have any experience with equines? If so, please explain.

Do you have any experience with law enforcement or investigations? If so, please explain. _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for equine cruelty investigator. _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty_____ Date Entered_____
Discharge Date_____

Are you currently employed? Yes No

Name of Employer_____

Telephone_____

Application Form Waiver

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Panhandle Equine Rescue, Inc. permission to contact schools, employers, references and others, and hereby release Panhandle Equine Rescue, Inc. from any liability as a result of such contract.

Signature of Applicant

Date

Thank you for completing this application form and for your interest in equine cruelty investigations. You can mail this to PER, P.O. Box 777, Cantonment, FL. 32533 or fax to: 850-587-4302.