



Employee Profile & Questionnaire

Date: ____ / ____ / ____

Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: ____ Gender: M / F

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

I am a horse owner: Y / N

If yes, for how long? _____

I have been a horse owner: Y / N

If yes, for how long? _____

I have kept horses at my home: Y / N

If yes, for how long? _____

I have had formal training in working with horses: Y / N

If yes, what type of training? _____

I have attended workshops/seminars on horsemanship: Y / N

I have ridden for _____ years in the following disciplines: ____ English ____ Western ____ Other

If other, please describe: _____

Position Sought: _____ Available Start Date : _____

Desired Pay Range: \$ _____ [hourly] Are you currently employed? : _____

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities:

Please include/attach a copy of your resume if available.

Please list your education:



Education	Name and Location	Degree/Diploma Attained	Major / Subjects of Study
High School			
College or University			
Specialized Training / Graduate School			
Current Licensing status (for Mental Health Professionals)			

PLEASE INCLUDE ANY ADDITIONAL INFO ABOUT YOU THAT YOU WISH US TO KNOW, HERE:



Employee Liability/Photo/Confidentiality Release Form

Liability Release

As a member of the staff here at Triple Play Farm, I acknowledge the risks and potential for risks of an equine program. However, I feel that the possible benefits to myself and the horses I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Triple Play Farm, LLC, Thomas and Kristen Batchelor, instructors, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Triple Play Farm.

Photo Release (check one)

☐ I consent to and authorize the use and reproduction by Triple Play Farm, of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

☐ I do not give my consent for the Photo Release.

Confidentiality Policy

Triple Play Farm, LLC, recognizes the right of participants and to have privacy and control over any information that might be personal or sensitive. In order to respect that right, TPF has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with TPF, including but not limited to: full and part-time staff, volunteers, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, TPF staff, volunteers or others associated with TPF, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

I have read and understand the Triple Play Farm confidentiality policy as described above and agree to observe its principles. The terms of this agreement are enforceable into the future regardless of employment status.

Signature: _____ Date: _____

Print Name: _____



Employee Authorization for Emergency Medical Treatment

Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury while on the property of Triple Play Farm, I authorize Triple Play Farm to:

- Secure and retain medical treatment and transportation if needed;
- Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT / NON-CONSENT PLAN (check one)

I understand that in the event of an emergency I will be taken to the nearest medical facility.

_____ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

_____ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Triple Play Farm. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: _____.

Signature: _____ Date: _____

Print Name: _____

Additional Questions and Signatures



Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? _____ YES _____ NO

If yes, please briefly describe the nature of the crime(s), the date/place of conviction and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? _____ YES _____ NO

Triple Play Farm may do a background check on potential employees. Please initial here acknowledging that you give Triple Play Farm permission to perform a background check on the name and information you have given above.

Please provide one personal reference.

Name: _____
Relation: _____
Years Known: _____ Phone: _____ E-mail: _____
Notes: _____

Please provide one professional reference.

Name: _____
Relation: _____
Years Known: _____ Phone: _____ E-mail: _____
Notes: _____

By signing below, you confirm that all details within this application are correct and truthful:

Applicant Name [Please Print] _____

Applicant Signature _____

Today's Date _____