



## **DRAFT HORSE MANAGEMENT INTERNSHIP**

## Term(s) for which you are applying ☐ Reproduction: February 1 – June 1 (Application Due October 1) ☐ Farming: April 10 – September 30 (Application due January 1) ☐ Shows and Sales: July 10 – October 31 (Application due April 1) **Personal Information** Name: Date of Birth: Permanent Mailing Address: ☐ Male ☐ Female Telephone: \_\_\_\_\_\_ Email: \_\_\_\_\_ Have you sustained any injuries that may affect your ability to perform physical tasks? $\square$ Yes $\square$ No If so, please describe: Please list any allergies: Have you ever been convicted of a felony? ☐ Yes ☐ No Are you currently taking any medication that may impair your ability to work with animals or equipment or are under the supervision of a medical doctor? $\square$ Yes $\square$ No **Residency and Citizenship Information** Can you provide the legal documentation required to receive a paycheck (Social Secutity Card, Driver License, Birth Certificate)? ☐ Yes ☐ No **Academic History** Do you have a high school diploma? $\square$ Yes $\square$ No If yes, what is your graduation year? High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Have you ever been dismissed/suspended from any school or college? $\square$ Yes $\square$ No Have you ever been placed on academic probation? $\square$ Yes $\square$ No									
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Current Status:  ☐ College Freshman		□ College Junior □		☐ Graduate Stu	Craduata Studant		☐ Other		
☐ College Sophomore					☐ Recently Graduated		CI		
If other, please elaborate:				·					
List all post-secondar	y schools th	at you have at	tended or i	n which you are c	urrently e	nrolled, be	ginnin	g with	
the most recent. Inclu	ude graduat	e, technical an	d professio	nal schools. (Use a	dditional she	eets if neede	d).		
School Name	City/St	ity/State		Major		d	Degree		
Other Background I Provide a brief descri in each. Horse experi Type of Experience	ption of you	r horse-related requirement.	•	nal sheets if needed).		how many Hrs/We		spent <b>Dates</b>	
Provide a brief descri	ption of you City/State	·	ence. (Use ac <b>Descripti</b> o		ded).	Hrs/We	eek	Dates	
Please rate yourself	in the follo	wing categor	ies: (5=Exce	llent; 4=Very Good; 3	=Good; 2=A	verage; 1= B	elow Av	erage)	
How well do you per	5	4	3 2	1					
How well do you han	dle demand	5	4	3 2	1				

How well do you handle stressful situations?		4	3	2	1
How well do you make decisions?		4	3	2	1
How well do you accept responsibility for your actions?	5	4	3	2	1
How well do you complete tasks without being told?	5	4	3	2	1
How well do you work on your own?	5	4	3	2	1
How well do you get along with your peers?	5	4	3	2	1
How well do you follow directions?	5	4	3	2	1
How well do you accept supervision?	5	4	3	2	1
How dependable are you?	5	4	3	2	1
How punctual are you?	5	4	3	2	1
How well do you accept criticism?	5	4	3	2	1
How would you rate your ability to handle a horse?		4	3	2	1

## **Authorization and Signature**

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I understand that all information will be available for review by the committee. I grant permission to the admission committee to verify the accuracy of any and all information pertinent to my application.

Signature of Applicant:	Date:

Please include the following with your application:

Three letters of recommendation from references that are familiar with your academic, employment and/ or horse experience. These letters must include the address and telephone number where its author may be reached.

Heavy Horse Equipment & Rx Acres Belgians Dris Abraham & Melissa Brown, Co-owners 8957 S 300 E Brookston, IN 47923

Or call: 765-479-0369 or 765-479-0367 Or email: melissa@heavyhorseequipment.com

www.heavyhorseequipment.com