



Glenworth Valley Horse Riding P/L ABN: 95 002 589 362 T/A Glenworth Valley Outdoor Adventures

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**OUTDOOR ADVENTURE EXPERIENCES | CAMPING & ACCOMMODATION | AGISTMENT | EVENTS**

69 Cooks Rd, Glenworth Valley NSW 2250 p: 02 4375 1222 [www.glenworth.com.au](http://www.glenworth.com.au)

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## APPLICATION FOR EMPLOYMENT Horse Riding Instructor

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

D.O.B. \_\_\_\_\_

Have you been horse riding at Glenworth Valley before? YES / NO

Please indicate the total number of times you have ridden in your life?

\_\_\_ 0 – 50                      \_\_\_ 50 – 100                      \_\_\_ 100 – 1000                      \_\_\_ 1000+

How many times have you ridden in the last 12 months? \_\_\_\_\_

Do you smoke? YES / NO

Do you have your own transport? YES / NO

Please provide a brief outline of your general experience with horses and teaching experience.

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Please list all qualifications and licenses that you have (including educational)?

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When are you available to give lessons (tick more than one box if appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> 5 days per week including weekends | <input type="checkbox"/> 2 permanent days a weekend        |
| <input type="checkbox"/> 1 permanent day a weekend          | <input type="checkbox"/> 5 days per week not inc. weekends |
| <input type="checkbox"/> School holidays                    | <input type="checkbox"/> Here and there casually           |

If insufficient teaching days were available to work full-time would you be interested in taking out guided rides on a casual basis to gain more work? (please circle) YES / NO

Please provide details of all workers compensation claims made (or pending) by you or on your behalf.

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Do you have any injuries or disabilities that may affect your ability to carry out the duties stated in the job description? If yes, please describe. YES / NO

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Please outline any disputes or grievances you have pursued against any previous employers

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Employment at GVHR is offered to employees on a three (3) month trial basis which may be extended for a further three (3) months.

Are you prepared to undertake a trial period of employment YES / NO

Employees of GVHR are required as a condition of employment to have a Working With Children (WWC) clearance. Are you prepared to obtain WWC clearance? YES / NO

**Please provide details of the last three positions you have held.**

**Position no. 1.**

Company: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Contact phone no. \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Position 2.**

Company: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Contact phone no. \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Position no. 3.**

Company: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Contact phone no. \_\_\_\_\_

Description of duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please provide as much detail as possible about your goals and ambitions for the next three years?

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Comments: Is there anything else that you would like to add? Please feel free to include your resume.

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