[](http://www.glenworth.com.au/)

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 **e**: [adventures@glenworth.com.au](mailto:adventures@glenworth.com.au) [www.glenworth.com.au](http://www.glenworth.com.au)

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APPLICATION FOR EMPLOYMENT

**HORSE RIDING CENTRE MANAGER**

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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Address:** |  | | | | | |
| **Mobile:** |  | Home: |  | | | |
| **Email:** |  | | | D.O.B: |  | |

Have you been to Glenworth Valley before? Yes  No

How many times have you ridden a horse in the last 12 months?........................................................

For general background purposes, please indicate the total number of times you have participated in the following activities in your life, if any?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Abseiling |  | Horse Riding |  | Kayaking |  | Quad Biking |  | Camping |  |

Do you smoke? Yes  No

Have you smoked in the last 6 months? Yes  No

Do you have your own form of transport? Yes  No

To carry out the roles and responsibilities for this position, horse riding adventure guides need to possess a good level of physical fitness. As an example, are you able to mount a tall horse (16hh) from the ground unassisted? Yes  No

**Please provide a brief outline of your horse riding and any horse work experience?**

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**Please provide a brief outline of your customer service experience.**

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**How competent are you with riding motor bikes, if at all?**

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**Out of 10, with 1 being least and 10 being most, how competent and experienced are you with:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Providing outstanding customer service |  |  |  |  |  |  |  |  |  |  |
| Leading a guided trail ride with customers |  |  |  |  |  |  |  |  |  |  |
| Training staff |  |  |  |  |  |  |  |  |  |  |
| General all round horse riding ability |  |  |  |  |  |  |  |  |  |  |
| Horse handling e.g. worming horses |  |  |  |  |  |  |  |  |  |  |
| Treating and medicating horses |  |  |  |  |  |  |  |  |  |  |
| Managing and leading a team of employees |  |  |  |  |  |  |  |  |  |  |
| Completing risk assessments |  |  |  |  |  |  |  |  |  |  |
| Writing up training manuals and operating procedures |  |  |  |  |  |  |  |  |  |  |
| Assessing horse temperaments |  |  |  |  |  |  |  |  |  |  |

**Please list all qualifications and training that you have undertaken (such as Educational, First Aid etc)?**

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**Short listed candidates are required to demonstrate their suitability via a volunteer trial day. If you are successful you will be paid for this day. Are you prepared to undertake a volunteer trial day if you are short listed?**  Yes  No

**Employment at GVOA is offered to employees on a six (6) month trial basis which may be extended**

**for a further period if required. Are you prepared to undertake a trial period of employment?** Yes  No

**All GVOA’s employees are required to have a First Aid Certificate.**

**If you don’t already have one or its not current, are you prepared to obtain your own First Aid Certificate?**............... Yes  No

**Employees of GVOA are required by law to have a Working With Children (WWC) clearance.**

**Are you prepared to obtain your own WWC clearance?** Yes  No

**If you already have WWC clearance, please state the number and expiry**

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| *Enter WWC and expiry here* |

**Employees of GVOA are likely to be required by the government to be fully COVID-19 vaccinated.**

**Are you fully or part way through being vaccinated?** Yes  No

**If No, are you prepared to receive your covid-19 vaccination prior to employment?**  Yes  No

**Do you currently hold any horse riding or guiding qualifications such as an AHRC level 3 Trail Riding Certificate or similar?** Yes  No

**If no, are you willing to obtain this in the first 6 months of commencing (at your own expense)?** Yes  No

**All applicants are required to include a copy of their proof of identity such as drivers licence etc.**

**Have you attached a copy of your photo ID to this application?** Yes  No

**Do you have any injuries or disabilities that may affect your ability to carry out the duties stated in the job description?** Yes  No

**If yes, please describe**

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**Please provide details of any workers compensation claims made (or pending) by you or on your behalf? Please be advised that extensive employment background checks are carried out during the final stages of the recruitment process for all short listed candidates, so please answer accurately.**

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

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

**Position 1 (Most Recent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** |  | **To** |  |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**Position 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** |  | **To** |  |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**Position 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** |  | **To** |  |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**What aspects of our Horse Riding Centre Manager position appeals to you and why?**

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**What makes a guided horse riding tour exceptional?**

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**What do you believe are some of the main challenges faced as a Horse Riding Centre Manager and how would you overcome these?**

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**What do you regard as your best skills and past experiences that make you the best candidate for this position?**

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**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 or that you are curious about in relation to the role? Please include your resume.**

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**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**