

Glenworth Valley Services P/L ABN: 42 658 080 810 T/A Glenworth Valley Wilderness 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 [www.glenworth.com.au](http://www.glenworth.com.au)

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APPLICATION FOR EMPLOYMENT

**AGISTMENT COORDINATOR**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email:**  |  |
| **Mobile:** |  | **D.O.B:** (for working with children verification purposes)  | Click here to enter a date. |

Have you been to Glenworth Valley before? Yes [ ]  No [ ]

Do you smoke? Yes [ ]  No [ ]

Have you smoked in the last 6 months? Yes [ ]  No [ ]

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 – 50 |  | 50 – 100 |  | 100 – 1000 |  | 1000+ |  |  |  |

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

Please indicate the days of the week that you would be available to work:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Monday | [ ]  Tuesday | [ ]  Wednesday | [ ]  Thursday | [ ]  Friday | [ ]  Saturday | [ ]  Sunday |

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

|  |
| --- |
|  |

**Please provide a brief outline of your horse experience**

|  |
| --- |
|  |

**Please provide an honest and accurate self assessment of your competency in the following areas. Please don’t be deterred if you have no or very little competency in a number of areas, this is normal. We are just trying to get an understanding of your skills and abilities. If required, on the job training and support can be provided to assist suitable candidates.**

**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 and liaising with customers | [ ]  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Horse handling and general horse care | [ ]  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Identifying and managing common equine health issues and ailments |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Treating and medicating horses (needling, oral medication, bandaging, poulticing, etc.) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Administering feed and rugging programs |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Communication via phone, email, and social media |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Riding a motorbike to move livestock/ riding a quad bike |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Working independently and using initiative |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Time management and ability to prioritise tasks |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Working and training horses |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Teaching and instructing riders |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Conflict resolution / handling complaints |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Use of Microsoft Office / basic admin skills |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Knowledge of workplace health & safety |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Basic pasture management knowledge |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Carrying out basic farm maintenance and emergency fencing repairs |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

|  |
| --- |
| *Enter text* |

**Short listed candidates may be asked to participate in a volunteer trial day.**

**Are you prepared to undertake a trial day if you are short listed?** Yes [ ]  No [ ]

**Employment at GVWA 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 [ ]

**Employees of GVWA 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**

|  |
| --- |
| *Enter text* |

**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.**

|  |
| --- |
| *Enter text* |

**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**

|  |
| --- |
| *Enter text* |

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

Please note that we will not contact ant of your past or current employer without your prior consent.

**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 this position appeal to you the most and why?**

|  |
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|  |

**What do you consider may be the biggest challenges in this role and why?**

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|  |

**Please provide as much detail as possible about your goals and ambitions for the next three to five 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 feel free to include your resume.**

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

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_