



101 Pro Rodeo Drive
 Colorado Springs, CO 80919
 (719) 593-8840

APPLICATION FOR EMPLOYMENT

Personal Information

Legal Name	First	Middle	Last	Date
Nick Name/AKA				Social Security Number
Address		City	State	Zip
Day Phone Number	Evening Phone Number	Other Phone Number	E-Mail	
Are You Related To Anyone Presently Employed by Professional Rodeo Cowboys Association (PRCA) or affiliated companies? If Yes, Give Name(s) & Departments(s) <input type="checkbox"/> Yes <input type="checkbox"/> NO				
(Yes To This Question Does Not Necessarily Disqualify An Applicant From Employment)				
Have You Ever Been Employed at PRCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Give Dates			Have You Ever Applied For Employment at PRCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Give Dates	
How Were You Referred To PRCA? <input type="checkbox"/> Self <input type="checkbox"/> *Advertisement <input type="checkbox"/> *School <input type="checkbox"/> *Agency <input type="checkbox"/> *Employee Referral <input type="checkbox"/> *Other				
* If Advertisement, School, Agency, Employee Referral or Other, Explain:				

Employment Desired

Position	Date Available	Salary Range
Schedule Preference	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal

Experience (List Employers Starting With Most Recent, Or Go Back 10 Years; Include Military Service. Attach Separate Sheet If Necessary.)

May We Contact Your Present Employer To Verify Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Dates	Name & Address Of Employer	Pay	Reason For Leaving
From (mm/dd/yy)		Start	
To (mm/dd/yy)		Ending	
Your Title	Supervisor's Name	Telephone Number	
Job Description			
Dates	Name & Address Of Employer	Pay	Reason For Leaving
From (mm/dd/yy)		Start	
To (mm/dd/yy)		Ending	
Your Title	Supervisor's Name	Telephone Number	
Job Description			

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Experience (Continued)			
Dates	Name & Address Of Employer	Pay	Reason For Leaving
From (mm/dd/yy)		Start	
To (mm/dd/yy)		Ending	
Your Title	Supervisor's Name	Telephone Number	
Job Description			

Education (Begin With Most Recent Education And Include Any Military Schools, etc.)					
Name of School	City, State	Dates Attended	Course of Study	Degree Received	Date Graduated
High School				<input type="checkbox"/> Graduated <input type="checkbox"/> G.E.D.	

Additional Required information	
IS THERE ANY REASON THAT YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU APPLIED WITH OR WITHOUT ACCOMODATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A CRIME, NOT INCLUDING A MINOR TRAFFIC VIOLATION, IN THE LAST SEVEN (7) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS (NOTE: AN AFFIRMATIVE RERSPONSE TO THE QUESTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)
WITHIN THREE DAYS AFTER EMPLOYMENT BEGINS, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES FOR PRCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO

References (NAME 3 INDIVIDUALS WE MAY CONTACT WHO HAVE KNOWLEDGE OF YOUR PERFORMANCE AND WORK EXPERIENCE)			
	1	2	3
Name			
Title			
Company Name			
Business/Home Address			
Business Phone			

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I authorize an inquiry to be made on the information contained in this application if I am considered for employment.
_____ initial here

Former employers and educational institutions named herein are authorized to give information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.
_____ initial here

I also understand that PRCA supports a Drug-Free workplace
_____ initial here

If offered employment, I understand I will be required to submit proof of U.S. citizenship or right to work in the U.S. within three days after my employment with PRCA begins.
_____ initial here

I understand and acknowledge that if any misrepresentations or omission of material facts has been made by me or the results of an investigation are not satisfactory for any reason, any consideration, offer or actual employment by the company may be terminated immediately. In this situation PRCA would incur no liability or obligation to me other than if I were actually employed, payment at the rate agreed upon for service actually rendered.
_____ initial here

I understand that nothing contained in this employment application or in the granting of an interview, and no company policies, procedures, or handbooks that I might receive are intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon PRCA unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that PRCA retains a similar right. I also understand that if I am hired I will be required to sign a Confidentiality, Proprietary Rights and Policies Agreement as a condition of employment.
_____ initial here

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE CONDITIONS OF MY EMPLOYMENT BY PRCA.

This application, when completed and signed, becomes the property of PRCA.

Signature of Applicant

Date of Application



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www.prorodeo.com

January 2012

SUPPLEMENTAL DATA SHEET

Please read all instructions carefully before completing this form.

LAST NAME

FIRST NAME

TODAY'S DATE

POSITION YOU ARE APPLYING FOR

WHERE DID YOU HEAR ABOUT THIS JOB?

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race and ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

RACE/ETHNICITY

You may mark **ONLY ONE** box.

SEX
 M

HISPANIC or LATINO: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

F

WHITE (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

TWO or MORE RACES (Not Hispanic or Latino): All persons who identify with more than one of the above five races.