

PANHANDLE EQUINE RESCUE, INC.  
EQUINE CRUELTY INVESTIGATOR APPLICATION FORM

\*\*Please print all information requested except signature.

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
How long? \_\_\_\_\_  
Telephone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Birthdate \_\_\_\_\_

What date would you be available to begin training? \_\_\_\_\_

Days and Hours Available:

Mon _____	Fri _____
Tues _____	Sat _____
Wed _____	Sun _____
Thurs _____	

EDUCATION

High School Graduate? \_\_\_\_\_ Name of school \_\_\_\_\_  
Did you attend college? \_\_\_\_\_ Name of school \_\_\_\_\_  
Number of years \_\_\_\_\_ Major & Degree \_\_\_\_\_  
Business or Trade School? \_\_\_\_\_ Name of school \_\_\_\_\_  
Number of years \_\_\_\_\_ Major & Degree \_\_\_\_\_  
Professional School? \_\_\_\_\_ Name of school \_\_\_\_\_  
Number of years \_\_\_\_\_ Major & Degree \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing  Yes  No

Personal Computer  Yes  No

Do you own a digital camera?  Yes  No

Please list two references other than relatives or previous employers.

Name\_\_\_\_\_

Position\_\_\_\_\_

Company\_\_\_\_\_

Telephone\_\_\_\_\_

Name\_\_\_\_\_

Position\_\_\_\_\_

Company\_\_\_\_\_

Telephone\_\_\_\_\_

Do you own or have any experience with equines? If so, please explain.

---

---

---

Do you have any experience with law enforcement or investigations? If so, please explain. \_\_\_\_\_

---

---

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for equine cruelty investigator. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty\_\_\_\_\_ Date Entered\_\_\_\_\_  
Discharge Date\_\_\_\_\_

Are you currently employed?  Yes  No

Name of Employer\_\_\_\_\_

Telephone\_\_\_\_\_

#### Application Form Waiver

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Panhandle Equine Rescue, Inc. permission to contact schools, employers, references and others, and hereby release Panhandle Equine Rescue, Inc. from any liability as a result of such contract.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in equine cruelty investigations. You can mail this to PER, P.O. Box 777, Cantonment, FL. 32533.