

STUD/STABLE HAND APPLICATION FORM



NOTE: In completing this application form you are responsible for the accuracy of your answers and statements. If information is withheld, suppressed, is deliberately misleading or false, you may be liable and if employed, result in dismissal. Please record with honesty.

All questions must be answered. The information provided will be treated in confidence.

SECTION 1:

Date: _____

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____

HEIGHT: _____ WEIGHT: _____ MARITAL STATUS: _____

NUMBER OF DEPENDENTS (if any) + AGES: _____

SUPERANNUATION COMPANY: _____ MEMBER #: _____

TAX FILE NUMBER: _____

BANK: _____ BSB: _____ ACC NO. _____

DRIVER'S LICENCE NUMBER: _____

YOUR HEIGHT: _____ WEIGHT: _____

DO YOU SMOKE?: YES NO

WHEN ARE YOU AVAILABLE TO START WORK? _____

WHAT IS YOUR COMMITTED EMPLOYMENT TIMEFRAME IF SUCCESSFUL IN THE POSITION?

6 MONTHS ON-GOING(PERMANENT) FINISH DATE IN MIND: _____

DO YOU REQUIRE ACCOMMODATION? YES NO

EMERGENCY CONTACT DETAILS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ POSTCODE: _____

TELEPHONE: _____ MOBILE: _____

EMAIL: _____

PRE-EXISTING CONDITIONS, INJURIES OR ILLNESSES

MEDICAL DISCLOSURE

NOTICE TO EMPLOYEES:

Your employer is committed to providing Workers' Compensation benefits, in accordance with federal law, if you sustain an employment-related injury. This form requests medical information and will be kept confidential and separate from your personnel file. It will be used only in the event you experience a work-related injury and become eligible for Workers' Compensation benefits. The employer requires that all employees complete this questionnaire upon hire and every two years thereafter. Disclosure of a pre-existing condition shall not be used for any discriminatory purpose.

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Do not leave any blank unanswered. Please provide explanations for all "yes" responses under Remarks.

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation (foot, leg, arm, hand, or total loss thereof)	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Use of Limbs
<input type="checkbox"/>	<input type="checkbox"/>	Ankylosis of Joints	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Mental Retardation
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscle, Ligament or Tendon Injury
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Back/Neck Problem	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Brain Damage	<input type="checkbox"/>	<input type="checkbox"/>	Numbness of Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Psychoneurotic Disability
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease			(following treatment in a recognized medical or mental

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Carpal Tunnel Syndrome | | | institution) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cerebral Vascular Accident | <input type="checkbox"/> | <input type="checkbox"/> | Reflex Sympathetic Dystrophy |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic Headaches | <input type="checkbox"/> | <input type="checkbox"/> | Repetitive Motion Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic Osteomyelitis | <input type="checkbox"/> | <input type="checkbox"/> | Residual Disability from Polio |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatism |
| <input type="checkbox"/> | <input type="checkbox"/> | Compressed Air Sequelae | <input type="checkbox"/> | <input type="checkbox"/> | Rotator Cuff Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Ruptured Intervertebral Disc |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness | <input type="checkbox"/> | <input type="checkbox"/> | Silicosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Double Vision (blurred sight) | <input type="checkbox"/> | <input type="checkbox"/> | Spinal Fusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Sugar in Urine |
| <input type="checkbox"/> | <input type="checkbox"/> | Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | Surgical Removal of Intervertebral |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Condition | | | Disc |
| <input type="checkbox"/> | <input type="checkbox"/> | Heavy Metal Poisoning | <input type="checkbox"/> | <input type="checkbox"/> | Thrombophlebitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> | Thoracic Outlet Syndrome |
| <input type="checkbox"/> | <input type="checkbox"/> | High/Low Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Thyroid Condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Hodgkin's Disease | <input type="checkbox"/> | <input type="checkbox"/> | "Trick" Knee or Shoulder |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperinsulinism | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Varicose Veins |
| <input type="checkbox"/> | <input type="checkbox"/> | Ionizing Radiation Injury | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Hearing (more than 75%) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Sight (of one or both eyes or a partial loss of uncorrected vision) | | | |

REMARKS: If you answered "yes" to any question above, indicate the nature of the injury/illness, name and address of the treating health care provider, area of specialty and approximate date/year of the illness/injury.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE AS MUCH INFORMATION AS POSSIBLE.

1. Has any doctor ever restricted your activities due to injury, disability or medical condition?

YES NO

If yes, please describe the reason for the restrictions, the type of restrictions, whether the restrictions were temporary or permanent, and whether you presently have any restrictions on your physical activities.

2. Have you ever been assessed any percentage of permanent disability to any part of your body?

YES NO If yes, please explain:

3. Are you presently or have you ever been under the care of a doctor, chiropractor, or other health care provider for any serious injury, disability or medical condition?

YES NO

If yes, please list the condition, injury or illness(s) being treated, the name of the doctor(s), field of specialty, address and telephone number, and dates of treatment.

4. Are you presently or have you ever taken any medication for any serious injury, disability or medical condition?

YES NO

If yes, please list the name or type of medication, the medical condition being treated, and the name, address and telephone number of the physician who prescribed the medication, area of specialty, and dates of treatment.

5. Have you ever had surgery (other than cosmetic) to any part of your body ? YES NO

If yes, please list the part(s) of the body operated on, the type of operation performed, the date (or approximate date), the hospital, and the name, address, and phone number of the doctor performing the surgery (if known).

6. Have you ever received treatment for your head, neck, back or extremities (arms, wrists, legs, knees, etc.) from a doctor, chiropractor, physical therapist or other health care provider?

YES NO

If yes, please list the name, address and phone number of all doctors, chiropractors, physical therapists, and other health care providers who provided such treatment, the dates of the treatment and the diagnosis provided.

7. Are you aware of any physical condition or injury that might impair or limit your ability to work in this position? YES NO If yes, please describe the condition or injury.

8. Have you ever received workers' compensation benefits for an injury that occurred at work?

YES NO

If yes, please list the name of the employer, the nature of the injury and the dates, and the dates you received compensation.

SECTION 2:

Please give details of the experience you have had with thoroughbred horses:

Do you have a current drivers licence? _____

Do you have your own vehicle to get to work? _____

Do you have any farrier skills? If yes, please elaborate on your skills:

Please accurately complete and sign the checklist in Appendix A at the end of this form to rate your experience in different areas.

SECTION 3:

CURRENT QUALIFICATIONS

Qualification Title	Institution/Training Provider	Year Completed

PREVIOUS EMPLOYMENT (MOST RECENT FIRST PLEASE)

Employer Name/Company	Dates From/To	Position Held	Reason For Leaving

May we contact your present employer? Yes No

Are you prepared to work overtime? Yes No

Are you prepared to work six days per week when required? Yes No

Are you prepared to work on weekends when required? Yes No

Are you prepared to undergo a medical examination prior to and during employment by a Medical Practitioner including a drug test? Yes No

REFERENCES

Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential. Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact Number	Position Held/Working Relationship eg Supervisor

Have you ever been found guilty of an offence against the rules of the thoroughbred racing industry?

Yes No

If yes, please give details:

Have you been found guilty of any criminal offence? Yes No

If yes, please give details (offence, date and disposition of case):

If for whatever reason employment is terminated by either party, please provide a secondary postal address for group certificates or documentation to be sent:

DECLARATION:

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and checks will be required and I will be notified if this applies to this application.

Signed: _____ Date: _____

Please send your application to us by:

Post: PO Box 1569, YOUNG. NSW 2594

or

Fax: 02 6386 7323

or

Email: office@watershed-farm.com

Please ensure you include the following Appendix A checklist (below) with your application.

APPENDIX A: Experience & Self Rating

Please truthfully complete the following checklist which best describes your experience with **thoroughbred horses** (only). If you have **never** had any experience with thoroughbreds, please leave this section blank.

Place a number 1 – 5 in the boxes below:

- 1 = no experience at all
- 2 = no experience, but has had some exposure (observation)
- 3 = some experience, not confident, needs to learn more
- 4 = experienced and feels confident
- 5 = highly experienced, could train and supervise others

What degree of experience have you had with:

Rate 1-5

1. Handling & educating weanling foals in enclosed stables?	
2. Educating weanlings and yearlings to walk forward, with you at the shoulder?	
3. Educating yearlings to stand correctly for photos and presentation at a sale?	
4. The sale preparation of yearlings, weanlings and broodmares?	
5. Following a structured feeding regime, mixing horse feeds and supplements to add condition?	
6. Mucking out stables?	
7. Grooming, washing & rugging young horses?	
8. Administering medication and first aid to horses, ie needling, swabbing & dressing wounds etc	
9. Putting horses on, off and operating a horse walker?	
10. Foaling down mares?	
11. Attending and working at a commercial yearling sale (Magic Millions or Inglis')?	
12. Joining/breeding (mares to a stallion)?	
13. Loading and unloading mares and foals onto a float or horse transport truck?	
14. Loading and unloading yearlings onto a float or horse transport truck?	
15. Keeping reports (anecdotal records) on individual horse progress, treatments, drench, feed consumption and overall condition?	

Continued next page.....

Rate yourself by placing a number 1 – 4 in the boxes below:

- 1 = not at all
- 2 = sometimes
- 3 = most of the time
- 4 = always

Rate 1-5

1. Rate how confident you are with handling young horses (foals, weanlings & yearlings).	
2. Rate how confident you are with handling & leading broodmares.	
3. Rate your strength and competency with holding on to young horses for early education and leading in open areas (1 – low, 2 – moderate, 3 – high).	
4. Rate how well you work as a team with colleagues.	
5. Rate how well you are willing to learn and try different operational horse methods/ways from what you are used to doing.	
6. Rate how punctual you are at arriving to work and willing to complete hours required.	
7. Rate your ability to follow, remember and deliver instructions given.	
8. Rate how much responsibility/leadership you wish to achieve or acquire in this job 1 = very little 2 = moderate amounts (if required) 3 = high amounts (supervisor level)	
9. Rate how well you handle pressure.	
10. Rate your current state of fitness. 1 = low & unfit 2 = moderately fit 3 = very fit	

[\(Duties continued next page\)](#)

Stud & Stable Hand Duties

Main duties as a stud and stable hand are:

- Being attentive to all horses' needs at Watershed Farm, Watershed South and Bowness Stud as required;
- Grooming, washing and rugging horses;
- Adhering to feeding, cleaning & supplement routines/schedules;
- Parading and standing (sale education) of weanlings, yearlings and broodmares;
- Handling and educating young horses (weanlings and yearlings) in stables and outdoor open spaces;
- Cleaning and mucking stables/waters/troughs;
- Holding horses for vet, chiropractor & farrier;
- Daily exercise of animals (leading, lunging & safely placing horses on and off a horse walker);
- Administering of prescribed medication, worming, vaccinations (if competent) & general first aid;
- Facility cleaning, disinfecting and maintenance;
- Keeping stable area tidy, sweeping, raking & watering;
- Monitoring horses for health and soundness - Checking paddock stock with keen observance and attention to detail;
- Feeding out hay/grain to stock in paddocks;
- Assist with stud breeding and foaling down duties;
- Loading and unloading horses from floats and transport trucks;
- Assistance in stallion handling and covering broodmares in the breeding barn;
- Follow a sale preparation regime as set by the Stable Manager;
- Preparedness to undergo training to specific methods and adapt to our preferred styles for horse education. eg watching training Dvds which demonstrates the use of specific equipment and methods;
- Available to attend and present horses at sales on the Gold Coast, Sydney, Adelaide Melbourne and other destinations at various times throughout the year (depending on competence level);
- Being proactive in assessing horse's conditions and relevant needs and consequently reporting observations to the Manager or Employer;
- Assistance with stud season, rejoining and foal handling;
- Able to work a rostered timetable which includes weekends;
- Adhering to all policies and procedures of the Watershed Partnership;
- Other horse handling and farm husbandry tasks required by the employers.

Please note: It is imperative you are very confident in handling, educating and parading young thoroughbred stock in a variety of situations. Overly fearful or nervous handling is detected by all involved and is not suitable for this position.