



SEVEN OAKS FARMS, LLC

599 Seven Oaks Road, Starkville, MS 39759
662.769.9259 • sevenoaksstables@gmail.com
www.sevenoaksstables.com

Mississippi State University - Undergraduate Equine Internships
6 Unique Opportunities

APPLICATION FORM

Thank you for your interest in applying for an internship with Seven Oaks Farms, LLC. Please fill out both Application and Reference forms and email along with resume to sevenoaksstables@gmail.com.

DEADLINES to apply for internships are the last day on the MSU Academic Calendar to add a course-8:00 am.
Fall 2018: August 29, 2018 Spring 2019: January 14, 2019 Summer 2019: June 5, 2019

Please select Internship(s) by ranking in order of preference (e.g. 1 Training, 2 Stable Hand, etc):

Farm Maintenance Foal Attendant/Mentor Marketing/Media Other (describe)
 Show Horse Exhibitor Stable Hand Training _____

Please select term(s) by ranking in order of preference (e.g. 1 Fall 2018, 2 Summer 2019, etc.):

Fall 2018 Spring 2019 Summer 2019 Fall 2019

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ NetID: _____ MSU Classification: _____ Major: _____

Please rank order of preference for contact (e.g. 1 Email, 2 Text, etc.):

Text: _____ Email (1): _____

Call: _____ Email (2): _____

Facebook/Messenger (Name): _____

Other (Specify): _____

Please provide medical/physical fitness information:

Are you physically able to lift a minimum of 50 pounds (e.g. sack of feed, hay bale, shavings, etc.)? Yes No

Are there any medical conditions we need to be aware of? Yes No

If yes, please specify: _____

List any known allergies (e.g. insect bites or stings, hay, pine shavings, medications, etc.):

Do any of your allergic reactions require the usage of an EpiPen? Yes No

If yes, will you have it with you while working? Yes No

If accepted into the internship program, are you willing to provide medical information in case of emergency (e.g. insurance card(s), emergency contact(s), etc)? Yes No

Applicant Signature _____ Date: _____

Please provide reference information on the following page.



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REFERENCE FORM

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First Name: _____ MI: ____ Last Name: _____

Please provide the contact information for your Academic Advisor and two-three (2-3) references:

Academic Advisor's Name: _____ Department: _____

Email: _____ Departmental Phone#: _____

1st Reference-Name: _____ Title: _____

Email: _____

Phone#1: _____ (__ mobile __ work __ home) Phone#2: _____ (__ mobile __ work __ home)

2nd Reference-Name: _____ Title: _____

Email: _____

Phone#1: _____ (__ mobile __ work __ home) Phone#2: _____ (__ mobile __ work __ home)

3rd Reference-Name: _____ Title: _____

Email: _____

Phone#1: _____ (__ mobile __ work __ home) Phone#2: _____ (__ mobile __ work __ home)

Briefly explain why you are interested in an internship at Seven Oaks Farms, LLC and describe your work ethic:

Applicant Signature _____ Date: _____