



LLC.

## Application for Employment

*ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, RELIGION, GENDER, NATIONALITY, AGE, MARITAL/VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.*

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restrictions?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No

If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit a pre-employment drug screening test?  Yes  No

Do you have any physical conditions that could limit your ability to perform the particular job for which you're applying?

Yes  No If yes, please describe such condition and explain your work limitations: \_\_\_\_\_

Position(s) Applying For: [GOLF] \_\_\_\_\_ [FOOD/BEV] \_\_\_\_\_

How did you learn about the position(s)? \_\_\_\_\_

On what date would you be available to start? \_\_\_\_\_ Desired Wage/Salary: \$ \_\_\_\_\_

Are you requesting: Full Time  Part-Time  Part-Time Student  Part-Time Seasonal (April-October)

Which days of the week and what hours of the day are you available for work (please be specific):

Monday [\_\_\_\_\_] Tuesday [\_\_\_\_\_] Wednesday [\_\_\_\_\_] Thursday [\_\_\_\_\_]

Friday [\_\_\_\_\_] Saturday [\_\_\_\_\_] Sunday [\_\_\_\_\_]

Education					
School Name:	Location:	Type:	Years Attended:	Degree Received:	Major (if applicable):
		High School			
		College			
		College			

Other training, certifications, or licenses held: \_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year | Ending Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year | Ending Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year | Ending Salary: \$ \_\_\_\_\_/hour \$ \_\_\_\_\_/year

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Please list any additional skills pertaining to your employment request: \_\_\_\_\_

\_\_\_\_\_

**References** - Please provide up to three *professional* references:

Reference Name: \_\_\_\_\_ Reference Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Duration of Relationship: \_\_\_\_\_

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Reference Name: \_\_\_\_\_ Reference Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Duration of Relationship: \_\_\_\_\_

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Reference Name: \_\_\_\_\_ Reference Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Duration of Relationship: \_\_\_\_\_

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**Acknowledgement & Authorization**

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at-will” nature, which means that an employee may resign at any time (a two-week notice is requested) and the employer may terminate an employee at any time with or without cause. It is further understood that this “at-will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

Interviewed By: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Possibly Position(s): \_\_\_\_\_ Date Available: \_\_\_\_\_