

Applying for:
Pro Shop
Starter/Ranger
Maintenance
Waitstaff
Kitchen

EMPLOYMENT APPLICATION

(MUST BE 16 YEARS OLD) (AN "AT-WILL" & EQUAL OPPORTUNITY EMPLOYER)

	DATE									
NAME				SOCIA	AL SECURITY NO.					
LAST		FIRST		MIDDLE						
PRESENT ADDRESS										
DEDMANENT ADDRESS	S	TREET			CITY		STATE ZIP			
PERMANENT ADDRESS	S	TREET			CITY		STATE ZIP			
PHONE NO. ()				ARE YO	U 18 YEARS OR OL	DER? YES NO			
	ARE YOU EITHER A	A U.S. CITIZEN OR A	AN ALIEN AUTHORI	ZED TO WORK IN THE L	INITED STATES? YES	NO NO				
AVAILABII	LITY									
SALARY DESIRED				DATE Y	OU CAN START					
ARE VOLUENDLOVER NOW				LAST	DAY TO					
ARE YOU EMPLOYED NOW	? YES	NO			WORK					
REFERRED BY										
LIST HOURS AVAILABLE TO WORK										
HONDAY	THODAY									
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURD	AY	SUNDAY			
EDUCATION		NAME AND LOCATI	ON OF COURSE		* NO. OF YEARS	DID YOU	AUD ITOTA ATUDITA			
		NAME AND LOCATI	ON OF SCHOOL		ATTENDED	GRADUATE?	SUBJECTS STUDIED			
GRADE SCHOOL						:				
HIGH SCHOOL										
COLLEGE										
Sports/Activities:										
		HOW V	VOULD YOU	J RATE YOURS	SELF					
	(*			olid, 4=Strength,						
	•			friendliness and o		drilla				
				usiasm, self-motiv						
				bility, attendance,						
	<u> </u>			•		-	and accept feedback.			
M		PERSONAL PI	RIDE: Your ap	pearance, hygiene	and achievement	t.				
		TEAMWORK:	Your cooperat	tion with others ar	nd team spirit.					
BALL IN A MAN					<u>,, </u>					
MILITARY										
U.S MILITARY OR NAVAL SERVICE		RANK			PRESENT MEMBERS GUARD OR R					

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V	ORK EXPERIE	NCE		(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)							
DATE, MONTH AND YEAR NAME			E AND ADDRESS OF EMPLOYER			WAGE OR SALARY		POSITION	REASON FOR LEAVING		
FRO	1										
FRO	1										
TO FRO	и										
то	1										
WHICH OF THESE JOBS DID YOU LIKE BEST?											
WHAT DID YOU LIKE MOST ABOUT THIS JOB? GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU											
	REFERENCE	S	<u> </u>	GIVE	HAVE KNOWN AT LEAST ONE YEAR						
	NAME			ADDRESS			BUSINESS		YEARS ACQUAINTED		
1			.								
2											
3											
IN CASE OF EMERGENCY, NOTIFY NAME ADDRESS (AREA CODE) PHONE NO.											
10	ERTIFY THAT THE FAC	TS CONTAIN						WLEDGE AND UNDERSTA	AND TH	AT, IF EMPLOYED,	
FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.											
I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.											
DATE					SIGNATURE						
				DO NO	T WRITE BE	LOW THIS I	INE				
INTERV	EWED BY			1 4 400				DATE			
REMAR	(S										
NEATNESS ABILITY											
HIRED: YES NO POSITION DEPARTMENT											
SALAR	/WAGE		DATE REPORTING TO WORK								
APPRO	/ED: 1)				2)			3)			
		EMPLO	DYMENT MA	ANAGER		DEPARTMENT HE				AL MANAGER	

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.