

TRYSTING TREE GOLF CLUB

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions in compliance with applicable nondiscrimination laws regarding race, color, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

NOTE TO APPLICANT: Please complete this form fully, honestly and accurately. Thank you. We appreciate your interest in employment here.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell Phone
Email Address			Business Phone
Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security #
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Driver's License #
Position Desired			Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you generally work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (machine operation, etc.)			When will you be available to begin work? _____
How did you learn of our organization?			
Do you have any physical conditions which limit or preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe limitation.			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS
College			
High			
Trade or Other			

PRIOR EMPLOYMENT

Please give accurate, complete full-time and part-time employment record for the last ten years. Start with present or most recent employer.

Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work _____ _____	

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Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work _____ _____	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

MILITARY SERVICE

Are you a veteran of U.S. Military Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Period of Active Duty (Month & Year) From _____ To _____
Describe your duties and any special training _____ _____		

ACTIVITIES

(You may exclude those which may disclose your race, color, religion or national origin)

PERSONAL REFERENCES

NAME	ADDRESS	Years Known	TELEPHONE

AGREEMENT

PLEASE READ THE FOLLOWING BEFORE SIGNING:

With this application I agree to these terms:

1. I certify that the information on this Application is true to the best of my knowledge; I understand that any false statements or answers, or any misrepresentation or omission of facts is sufficient cause for rejection of my Application, or if hired, for discharge from the Company at any time. Accordingly, I agree that I shall have no recourse whatsoever in such event.
2. I permit the Company or its representative to investigate any of the statements submitted by me on this Application, unless I specifically request in writing on this form that no inquiry be made. Accordingly, I authorize any of the employers, individuals or schools named on this form, or any other relevant company, agency or person, to release information regarding my employment, education or qualifications, unless otherwise noted in writing on this form. I release all these entities and individuals, and the Company from any liability which might otherwise be claimed because of information provided.
3. I agree to submit to a medical examination by a Company designated physician (at Company expense) at any time as may be required by the Company. I understand that my employment may be contingent on passing such examination(s). I authorize any company, agency, physician or person to release information concerning my medical condition to the Company or to its representative, unless otherwise noted in writing on this form.
4. I agree that if hired I will follow all Company policies, rules and directions.
5. I understand that I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired I will be employed at the will of the employer, and that my employment can be terminated at any time with or without notice and for any reason sufficient in the judgement of the Company to justify termination.
6. I understand that no one in the Company has the authority to enter into any agreement for employment for any particular period of time or contrary to the above terms unless that agreement is set forth in a letter signed both by me and the General Manager of the Company.

I HAVE READ, UNDERSTAND AND SUBSCRIBE TO THIS AGREEMENT.

Signed _____ Date _____