

## Application for Employment

PLEASE FILL OUT COMPLETELY - ANSWERING ALL QUESTIONS

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
          Last                      First                      Middle

Address: \_\_\_\_\_  
                                    Street                                      City                                      State                                      Zip

Phone #: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name of any relative employed by this company: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever worked for this company directly or through a temporary service? \_\_\_\_\_ When: \_\_\_\_\_

EDUCATION:	Name & Location of School	Last Year Completed	Did You Graduate	Subject(s) Studied Degree(s) Received
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade/Business/  
Correspondence: \_\_\_\_\_

Subjects of Special Studies: \_\_\_\_\_

Activities of Interest: \_\_\_\_\_

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Some positions at The Country Club require employees to drive or to have responsibilities at more than one location, or to report and travel between different sites. If you are applying for one of these positions, please answer the following:

Do you have a valid driver's license? \_\_\_\_\_ If yes - license # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Has it ever been revoked or suspended? \_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL LAWS IN ALL LOCATIONS IN WHICH WE HAVE EMPLOYEES. THIS MEANS THAT WE MAKE EMPLOYMENT DECISIONS BASED UPON YOUR QUALIFICATIONS AND ABILITIES. WE DO NOT DISCRIMINATE AGAINST AN APPLICANT ON THE BASIS OF AN INDIVIDUAL'S RACE, COLOR, RELIGIOUS CREED, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, PRESENT OR PAST HISTORY OF MENTAL DISORDER, MENTAL RETARDATION, PHYSICAL DISABILITY, LEARNING DISABILITY, SEXUAL ORIENTATION OR VETERAN STATUS.

FORMER EMPLOYERS: (List below last three employers, starting with present or last one first.)

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone #	Years Acquainted
1.			
2.			
3.			

In case of emergency notify: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACES SO INDICATED.**

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge. I understand that any falsification, or willful omission of fact on this application shall be considered sufficient cause for refusal of employment or dismissal from employment.

I authorize The Country Club to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy. I understand that all employment appointments are probationary, during which time I must demonstrate my fitness for continued employment.

I further understand that The Country Club follows an "EMPLOYMENT AT WILL" policy, in that I, or The Country Club may terminate my employment at any time, or for any reason.

I understand that as part of the application process, The Country Club has thorough background checks (which may include a check of my criminal history) done on prospective employees. I agree, if contacted with respect to such background check, I will fully cooperate and provide any information requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, hereby authorize all previous employers and references to release to The Country Club of Farmington any and all employment and personnel information (including my personnel file(s)) requested. I hereby also specifically release and hold harmless any former employer and its employees and or agents from any and all claims or liability as a result of releasing such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_