



APPLICATION FOR EMPLOYMENT

We receive application and hire employee without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, veteran status and citizenship status, or any other protected category. The receipt of this application does not mean that job opening exist and does not obligate us in any way. We appreciate your interest in our organization.

*AN EQUAL
OPPORTUNITY
EMPLOYER*

PERSONAL INFORMATION

Date: _____

Name _____ Email Address: _____
 Last First Middle Initial

Present Address _____ Home or nearest phone: () _____ - _____
 No. Street City State Zip

How long have you lived at the above address? _____

Present Address _____ How long did you live there? _____
 No. Street City State Zip

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

Are you legally eligible to work in the U.S.? Yes No

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work? _____

Shift preference 1st 2nd 3rd What salary or pay rate do you expect? _____

What days and hours are you available to work? Days _____ Hours _____

Have you ever applied for a job with us before? Yes No When? _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No

If so, please state reason and date. _____

Have you ever been convicted of a crime, pled no contest or had adjudication withheld? Yes No

If so, please explain _____

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No Why do you want to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Do you have steady transportation to work? Yes No

Have you ever been discharged or asked to resign? Yes No

Are there any other experiences, skills, or qualifications you have that specially relate to working here? _____

Do you have any friends or relatives that currently work here? Yes No Name _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation Yes No

EDUCATION INFORMATION

SCHOOLING					
GRAMMAR OR HIGH SCHOOL					
TRADE BUS., OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical, or nursing school). Include study courses given through public or private employment. State whether degree or certificate received. _____

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name and address of most recent employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

2) Name and address of employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

3) Name and address of employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

4) Name and address of employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Your Job Title & Duties	Date Left	Last Rate
Reason for leaving		

May we contact the employers listed above? Yes No If not, indicate by No. which one(s) you do not wish us to contact _____

REFERENCES (Do not list relatives or former employers)

Name _____	Phone _____	Occupation _____
Name _____	Phone _____	Occupation _____
Name _____	Phone _____	Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reason for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureau of your choice. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.

Signature of applicant

Date



Background Inquiry Release

In connection with my application for employment (including contact for services) with Suntree Country Club, I understand that Consumer reports which may contain public record information may be requested from the reporting agency. These reports may include information as to my character, work habits, performance, and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various federal, state, and other agencies with maintain records concerning my past activities relating to my driving, criminal, and civil experiences.

I authorize, without reservations, any part of agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request to the reporting agency, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which the reporting agency has previously furnished within the two-year period preceding my request.

I hereby consent to your obtaining the above information. I understand this authorization will remain on file and shall serve as ongoing authorization to procure consumer reports at any time prior to and during my employment.

I understand to aid in the proper identification of my file or records the following information is necessary.

PLEASE PRINT

Name: _____ Date of Birth: _____

Current Address: _____
Street City State Zip

DL#: _____ State: _____ Expiration: _____

The above information is truthful and accurate and made without reservation.

Company Representative -\ Printed Name and Date

Company Representative Signature

Applicant - Printed Name and Date

Applicant's Signature