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APPLICATION FOR EMPLOYMENT MAPLE BLUFF COUNTRY CLUB

It is the policy of this company to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestor, physical or mental disability, medical condition, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. We are an equal opportunity employer and select employees on the basis of ability, experience, training and character. We consider applications for a 60-day period. If you wish to be considered after 60-days from the date of this application, please reapply.

Positior	for which you are applying:			
Last Name	First Name	Middle Initial		Nickname
Address	Apt. #	City	State	Zip Code
	•	·		
Telephone Number	<u></u>	Alternate Teleph	none Numbe	r
		,		-
Last Grade Comple	tod	Email Address		
From what source dic	I you hear of this job?			
Have you ever filled o	out an application with us	before?	Yes, Give I	Date
Have you ever been employed with us before?)	Yes, Give I	Date
Are you currently em	ployed?		Yes	No
	of of ability to legally work or immigrant status will be	t in this country? e required upon employment)	Yes	No
On what date would y	you be available for work	?		
Are you available to	work: Full Time	Part Time	Seasonal	Temporary
Are you currently on	"lay off" status and subje	ct to recall?	Ye	s No
If yes, provide date o		er than a minor traffic violation elony. Prior convictions will r ob requirements.		Ŧ
		References		
Give name, addr	ess and phone number of 3 r	eferences who are not related to y	you and are no	t previous employers.
1				
2				
3				
Have you served in t	be armed forces?	- ····	Yes	No
-		the United States Military?	Yes	No
	-			
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Previous Employment

Employer	Dates E	Employed	Work Performed
	То	From	
Address	Start Pay	Final Pay	
Reason For Leaving	Supervisor		Telephone Number

Employer	Dates I	Employed	Work Performed
	То	From	
Address	Start Pay	Final Pay	
Reason For Leaving	Supervisor		Telephone Number

Employer	Dates E	Employed	Work Performed
	То	From	
Address	Start Pay	Final Pay	
Reason For Leaving	Supervisor		Telephone Number

I certify that the statements in this application are true, complete and correct to the best of my knowledge or belief. I understand that any falsification or omission of information may cause my immediate dismissal no matter when discovered.

I authorize investigation of all statements contained in this application and any supporting documents. I authorize the company to secure information about my experience from former employers, educational institutions, government agencies, or any reference I have provided, and for those partied to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my D.M.V. record and my criminal record. I understand that submitting to a pre-employment drug test may be necessary based upon the position for which I am being hired.

I understand that acceptance of an offer of employment does not create on contractual obligation upon the employer to employ me in the future.

Upon acceptance of employment, I agree to conform to the rules, regulations and policies that the company may periodically promulgate, withdraw or modify. I understand my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the company or myself.

Date	
Date	

PRINT Name	Signature
	Your original hand-written signature must appear here.
	Please print your application and sign here before submitting for consideration

Summarize special job related skills and qualifications acquired from employment or other experience: