



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly. Incomplete or illegible applications may not be processed.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of gender, marital status, pregnancy, religion, race, age, creed, national origin, presence of disabilities, sexual orientation, genetic screening or testing information, refusal to submit to a genetic test, ancestry, AIDS or HIV status, and on any other status protected by law. **Additional testing for the presence of illegal drugs in your body may be required prior to employment.**

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME: _____
Last First Middle Maiden

CURRENT ADDRESS: _____
No. Street City State Zip Code

PREVIOUS ADDRESS: _____
No. Street City State Zip Code

HOME PHONE #: (_____) _____ WORK PHONE #: (_____) _____

MOBILE PHONE #: (_____) _____ ALTERNATE PHONE #: (_____) _____

EMERGENCY CONTACT: _____
Name Phone # Relationship

VALID DRIVER'S LICENSE #: _____ STATE ISSUED: _____ EXP. DATE: _____

MAKE & YEAR OF VEHICLE: _____

DO NOT WRITE BELOW THIS LINE ON THIS PAGE

Interviewed by: _____ Date: _____

Remarks: _____

Hired: YES / NO Position: _____ Wage: _____

How did you hear about Moccasin Creek Country Club? _____

Why are interested in employment with Moccasin Creek Country Club? _____

AVAILABILITY:

Please indicate the department you would prefer:

_____ Dining Room _____ Bar _____ Kitchen _____ Golf Shop _____ Golf Course Maintenance Shop

If you are applying for a specific position, please indicate: _____

Please indicate the type(s) of work that you would prefer:

_____ Full-Time _____ Part-Time _____ Days _____ Evenings

Approximately how many hours per week do you wish to work? _____ When are you available to begin work? _____

Please indicate the days and times that you are available for work:

Hours Available Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shift 1: From: _____

To: _____

Shift 2: From: _____

To: _____

JOB RELATED SKILLS:

NOTE: Do not fill out any part of this section if you believe it to be non-job related.

Describe any training you have had that is related to the job for which you are applying: _____

Describe any work history applicable to the job for which you are applying: _____

What do you like (or think you would like) about working with the members at Moccasin Creek Country Club? _____

What do you like (or think you would like) least about working with the members at Moccasin Creek Country Club? _____

EDUCATION:

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

NAME OF SCHOOL	CITY, STATE	MAJOR SUBJECT	# OF YRS. ATTENDED	DID YOU GRADUATE?
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High School

Vocational

**College/
University**

Other

PERSONAL REFERENCES (Do not include relatives):

Full Name	Address	Phone # w/Area code	Time of Day to Call	Relationship	# of Years Known
1)		W:			
		H:			
2)		W:			
		H:			
3)		W:			
		H:			
4)		W:			
		H:			
5)		W:			
		H:			
6)		W:			
		H:			

EMPLOYMENT REFERENCES: Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? ___Yes ___No If yes, may we contact? ___Yes ___No

Company Name City State ()
Phone Number

From _____ To _____
Dates Employed Job Title Supervisor's Name

Duties

Salary Per _____
(Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name City State ()
Phone Number

From _____ To _____
Dates Employed Job Title Supervisor's Name

Duties

Salary Per _____
(Hour, Week, Month) Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name City State ()
Phone Number

From _____ To _____
Dates Employed Job Title Supervisor's Name

Duties

Salary Per _____
(Hour, Week, Month) Reason for Leaving

COMMENTS: _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release and said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. **I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.**

SIGNATURE

DATE