

HIGH MEADOWS GOLF & COUNTRY CLUB

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER



**Employment is at-will and can be ended with or without cause,
for any or no reason by either the employer or the employee.
HIGH MEADOWS IS A DRUG FREE WORK PLACE**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO. - -	
PRESENT ADDRESS	APT#	CITY	STATE	ZIP
PERMANENT ADDRESS	APT#	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? ____ YES ____ NO			PHONE NUMBER ()	
ARE YOU A CITIZEN OF THE U.S.? ____ YES ____ NO CAN YOU SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? ____ YES ____ NO			CELL PHONE NUMBER ()	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? ____ YES ____ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ____ YES ____ NO	EVER WORKED FOR HIGH MEADOWS BEFORE? ____ YES ____ NO
AVAILABLE FOR ____ FULL TIME ____ PART TIME ____ TEMPORARY	HOURS AVAILABLE _____ DAYS AVAILABLE _____	DO YOU HAVE A VALID DRIVERS LICENSE? ____ YES ____ NO
WHO REFERRED YOU TO THIS COMPANY?		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO,WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	RANK	DISCHARGED DATE
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ____YES ____ NO		
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

PLEASE READ CAREFULLY

Read carefully the following statements and agreement before signing the application:

1. I certify that the information contained in this application is correct to the best of my knowledge and that any material misrepresented is grounds for immediate termination of employment from High Meadows Golf & Country Club or rejection of my application for employment.
2. I authorize my former employers and any other persons of organizations to provide any accurate and current information the have about my background or credit history, and I release all concerned from any liability in connection therewith.
3. I agree that employment is contingent upon my passing a substance abuse screening required by High Meadows Country Club. I further agree that in the event of random testing, reasonable suspicion of my being under the influence of a substance, or if injured on the job, I will submit to a substance abuse screening.
4. I understand that employment may be contingent upon my passing an aptitude or skill test and possibly a pre-employment medical exam. Results will be provided upon my written request to receive same.
5. I understand and agree that the first ninety (90) days of employment will be considered a probationary period.
6. I have received a High Meadows Country Club employee rules and regulations manual.
7. All applications will be kept on file for a one-year period. Every time a job opening occurs within 30 days from the date of your application, it will be reviewed automatically. Applications will be examined monthly and all "expired forms will be removed and destroyed. If you update your application, the one-year clock will be restarted.

Applicants Signature

Date

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS/MACHINERY

FORMER EMPLOYERS

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				Employment Verified ____Yes ____No By:_____			
ADDRESS		CITY		STATE		ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY		WEEKLY LEAVING SALARY		MAY WE CONTACT YOUR SUPERVISOR? ____YES ____NO			
NAME OF SUPERVISOR		TITLE		PHONE			
DESCRIPTION OF WORK							
REASON FOR LEAVING							

NAME OF PREVIOUS EMPLOYER Employment Verified ____Yes ____No By:_____			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY	WEEKLY LEAVING SALARY	MAY WE CONTACT YOUR SUPERVISOR? ____YES ____NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER				Employment Verified ____Yes ____No By:_____			
ADDRESS			CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY		WEEKLY LEAVING SALARY		MAY WE CONTACT YOUR SUPERVISOR? ____YES ____NO			
NAME OF SUPERVISOR			TITLE		PHONE		
DESCRIPTION OF WORK							
REASON FOR LEAVING							