



Date of application: _____

APPLICATION FOR EMPLOYMENT

Mosaic Clubs & Resorts

Employees of Mosaic Clubs & Resorts and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, gender, national origin, age, marital status, disability, veteran status or any other status protected under local, state or federal laws.

Golf Club: _____ Position applied for _____

FULL LEGAL NAME **SOCIAL SECURITY NUMBER**

Last Name First Name MI

ADDRESS

Street City State Zip Code

TELEPHONE **EMAIL ADDRESS**

Home Work Cell

Are you legally eligible to work in the United States? Yes [] No [] Are you 16 years of age or older? Yes [] No []

You will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

EDUCATION

NAME/LOCATION OF INSTITUTION **DEGREE RECEIVED** **MAJOR** **DATES**

EXPERIENCE Starting with the most recent, complete the following for the most recent three positions. Explain any gaps in employment. Applications without complete information will not be considered. Resumes may be attached, but may not be used in lieu of completing this application. It is not acceptable to put "See Resume".

Job Title _____ **Duties:** _____

Employer _____

Location _____

Phone _____

Supervisor/Title _____ **Reason for Leaving:** _____

Salary: start _____ **end** _____

Dates: (mo/yr) _____ **to (mo/yr)** _____

Job Title _____ Duties: _____

Employer _____

Location _____

Phone _____

Supervisor/Title _____ Reason for Leaving: _____

Salary: start _____ end _____

Dates: (mo/yr) _____ to (mo/yr) _____

Job Title _____ Duties: _____

Employer _____

Location _____

Phone _____

Supervisor/Title _____ Reason for Leaving: _____

Salary: start _____ end _____

Dates: (mo/yr) _____ to (mo/yr) _____

Days and Hours Available: Day [] Evening [] Weekends [] / Full-Time Regular [] Full-Time Seasonal [] Part-Time []

Please list any times when you are not available to work: _____

EXPECTED WAGE RATE: _____

Have you worked at a golf facility before? Yes [] No [] If yes, where and what did you do?

Have you ever worked for Mosaic Clubs & Resorts before? Yes [] No []

Do you have any relatives that work for Mosaic Clubs & Resorts Yes [] No []

Have you ever been terminated from a job or resigned in lieu of termination? Yes [] No [] If yes, please explain:

Have you ever been convicted of any criminal act? Yes [] No [] If yes, please explain:

REFERENCES

List names, phone numbers and relationships of 3 persons not related to you who can attest to your work experience and qualifications.

NAME	PHONE NUMBER	RELATIONSHIP / YEARS KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Mosaic Clubs & Resorts that such employment with Mosaic Clubs & Resorts is at will, for no specified duration and may be terminated by either Mosaic Clubs & Resorts or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Mosaic Clubs & Resorts or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Mosaic Clubs & Resorts except one of the Partners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by one of the Partners of Mosaic Clubs & Resorts.

I understand that if offered a position with Mosaic Clubs & Resorts, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Mosaic Clubs & Resorts and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

In consideration for employment with Mosaic Clubs & Resorts, if employed, I agree to conform to the rules, regulations, policies and procedures of Mosaic Clubs & Resorts at all times and understand that such commitment is a condition of employment. I also understand that if I am employed, I will offer outstanding, above average customer service, which is Mosaic Club & Resorts' primary goal.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____

We are an entrepreneurial, passionate and learning company totally committed to providing superior golf experiences and outstanding customer service that exceeds our customer's expectations. Through this we seek prosperity and fulfillment for ourselves and all who work with us and all whom we serve.

AN EQUAL OPPORTUNITY EMPLOYER



AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION MOSAIC CLUBS & RESORTS

I hereby authorize Vereda, Inc. (Vereda), its clients, and/or any of its authorized agents to gather background information. This information includes criminal history, credit records, social security number verification, driving records, drug screens, education, employment history, professional references and any other pertinent information related to the function of the job for which I am applying. I also authorize this information to be re-verified at any time during my employment. I understand that all information provided on this release is for identification purposes only and is necessary in order to conduct a background check. I understand that all information is gathered in accordance with the provisions of the Fair Credit Reporting Act (FCRA). I understand that the inquiries and verifications conducted by Vereda are for employment purposes only and are not an invasion of my privacy. In compliance with the FCRA, I understand a copy of this report will be provided to me upon my written request.

I, _____, hereby declare and affirm that the following information is true
Signature Date

and correct to the best of my knowledge. In addition, I understand that submission of false or inaccurate information on this and/or any other employment forms may result in non selection (or termination if already hired.)

(PLEASE PRINT)

Last Name	First Name	MI	Social Security Number
Driver's License Number		State of Issue	Date of Birth (month, day, year)
Former Names (i.e. Maiden, Previous Married Names, Legal Name Changes) Name: _____ Dates from/to: _____			
Current Address	Dates from/to:	City, State, Zip	County
Previous (Past 10 years)	Dates from/to:	City, State, Zip	County
1.			
2.			
3.			
4.			
5.			
Position applied for:		May we contact your current employer?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

THE SECTIONS BELOW ARE FOR INTERNAL USE ONLY

- Department Head
 Assistant
 Instructor
 Independent Contractor
 Other _____

Company Name: Mosaic Clubs & Resorts Submitted by: _____ Location _____

Phone: _____ Email: _____

FAX COMPLETED AUTHORIZATION TO: VEREDA, INC. @ 678 990-1609

New Hire Checklist



DEPT HEAD/ MANAGER TO COMPLETE:

Employee Name: _____ Hire Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Club/Department: _____ Position/Title: _____

Salary/Hourly Rate \$ _____ Status: Full-Time (1050 hrs annually) Part-Time

State Tax Form Completed (G-4/NC-4): **YES / NO** I-9 Identification Copies Obtained: **YES / NO**

Is Employee a Manager? **YES / NO** Background Check Sent? **YES / NO** (Managers/Child Spvsors Only)

Permit for Minor? **YES / NO** (Requirements by State provided on Website)

ORIENTATION Date: ____ / ____ / ____ Online Training Manuals Explained: **YES / NO**

Company Benefits Explained (FT Employees - PTO/Insurance)? **YES / NO**

GM/PAYROLL MANAGER TO COMPLETE:

1. Obtain Application and State Tax Form (if applicable) from manager.

2. Add New W2 Employee in PAYCOM:

Form 1: Name, SS, Status, Department, Position, Phone Address, Rate of Pay

Form 2: Miscellaneous Deductions and/or Phone Reimbursement when applicable

Form 3: Hire Date, DOB, Gender, FT/PT, Email, PTO Supervisor Email

Form 6 Only if FT: Click Enable PTO

Form 9: Select ESS Access Profile

Form 10 (if applicable): Select Time & Attendance Profile AND Software Terminal Access

Form 11: Click Enable Direct Deposit and input information if provided

Form 13 Only if FT: Click Enrollment Tab and Select Eligibility Profile from drop down (this provides the appropriate insurance forms the employee must complete online)

Form 15: Assign Document Group from drop down (right of screen)

Form 16: Choose Task List from drop down (this provides appropriate list of forms the employee must complete online based on Manager/Non-Manager and State)

3. Print and Provide Employee Self-Service Login Sheet: Click on Employee/Employee Self-Service; Click Print Self Service Logins; Select Employee; Click Generate Report, Scroll down to view login info; Click File & Print from tool bar. Provide login to Employee. The employee MUST complete all tasks within 48 hours of hire date on-line.

4. Process E-verification (GA/NC/SC only): Within 3 working days of the employee's hire date, collect copies of the employee's I-9 identification (i.e. DL and soc sec card) and complete the E-verification process on Form 16. Click **START ▶** next I-9 and fill in the I-9 information. Then, click **START ▶** next to E-verify and follow the prompts. Upon successful E-verification, close the case by clicking on Human Resources, E-verify and E-verify cases. Then, click on the red 'X' and follow the prompts.

5. Completion of Form 16: In Form 16, click on the blue hyperlink under Checklist Name which will open the list of both Employee and Employer tasks. Please ensure all tasks are complete. To complete the Employer tasks, first scan all documents and save them to your computer. Then, click **START ▶** to the right of each task and follow the prompts to upload documents such as the Mosaic Application, State Tax Form (if applicable), I-9 Documents, and Miscellaneous Documents (if applicable).

(Department Head/Manager)

Date

(GM/Payroll Manager)

Date