



(Please Print or Type)

	,,,,			
Last Name:	First Name:	Middle Name:		
Address:				
City:	State:	Zip:		
Primary Phone:	Secondary Phone:			
E-mail Address:				
Have you ever been known by any other Yes No	name which might identify you on emp	ployment, education or other records?		
If yes, please provide the name(s)				
Position Desired:				
What shifts are you available and willing	to work? (Check at least one):			
	:-Time ☐ On-Call ☐	Temp./Seasonal □		
Nights □ Da	ays Evenings	Weekends \Box		
Willing to relocate?	Willing to travel?			
Yes 🔲 No 🖵	Yes \Box	l No 🗆		
Have you ever been employed by The Ce companies, such as Rogue Valley Manor		it Services affiliated/managed		
Yes 🔲 No 🗖				
If yes, list which company, position & dates of employment:				
Driver's License Do you have a valid driver's license?				
Yes 🔲 No 🗖		Driver's License State:		
Licenses/Certifications				
List all that apply to position desired.				
License #:	State			
issued:				
License #:	State issu	ed:		
License #:	State issu	ed:		

Educational Background				
List highest level of education and/or degree(s) earned:				
Special Skills and Qualifications				
Summarize special job-related skills, qualifications, training, apprenticeship(s), honors, professional trade, business or civic activities and/or offices held.				
Please describe:				
riedse describe.				
(You may exclude memberships which would reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.)				
How did you hear about this opening?				
Newspaper				
Other				
Golf Club Websites If Employee Referral, who?				
Do you have any family members who are currently working for The Centennial Inc. or affiliated companies?				
Yes □ No □ If so, who?				
If you were offered a position, do you have the legal right to work for The Centennial Inc. in the United States?				
Yes No D				
Personal References				
Please list below three personal references who are not related to you, are over the age of 18, who are familiar with				
your job performance and/or character and who have known you for at least one year.				
Name E-mail Address Phone Number				

Employment Experience					
Start with your present or last job. (Do not go back more than ten years.) If you need additional space, please continue on a separate sheet of paper.					
Employer	Dates Employed		Work Performed		
Job Title	From	То			
Address					
Telephone Number(s)					
Supervisor					
Reason for Leaving					
If currently employed, may we contact your e	mployer for a re	ference? Yes	□ No □		
Employer	Dates Employed		Work Performed		
Job Title	From	То			
Address					
Telephone Number(s)					
Supervisor					
Reason for Leaving					
Employer	Dates Employed		Work Performed		
Job Title	From	То			
Address					
Telephone Number(s)					
Supervisor					
Reason for Leaving					
Employer	Dates Employed		Work Performed		
Job Title	From	То			
Address					

Telephone Number(s)				
Supervisor				
Reason for Leaving				
Please read the following statements carefully before signing this application:				
I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my preemployment evaluation may result in rejection of my application or termination, if I am hired.				
I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that if employed, I will be required to abide by all company policies, standards, and regulations.				
I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this company is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for any reason.				
I understand that The Centennial Inc. is a drug-free workplace. I further understand and agree that a pre-employment drugscreen is required of all individuals offered a position at The Centennial Inc., and that I may also be required to perform a drug and alcohol screening test during my employment. I hereby give my voluntary consent for a urine sample to be collected from me and submitted for testing for that purpose. I also consent to the release of the test result to The Centennial Inc. for its confidential use. I understand that any positive drug or alcohol result will preclude my employment.				
Signature	Date			