

11305 Longstreet Drive Spotsylvania, Virginia 22551 540-972-6200

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

	ii Questions. Resumes A			itute i	FOR A CO		
Last Name	First Name	ame Middle Initi		nitial		Social Security Number:	
Street Address	City/State Zip Co		ode			Phone Number:	
If hired, can you provide evidence of legal eligibility to			Any offer of employment is conditioned upon				
work in the U.S.?			completing form I-9 and providing the appropriate				
			docume	ents fo	r identity	and work authorization.	
Position Desired:	Wage/Salary Desired:		Full Time?				
			Part Ti	me?			
		If yes,	when?		If yes,	provide details (attach	
					additio	nal page if necessary).	
Have you ever been convicted of a felony, or a						, -	
misdemeanor for which t							
sealed or expunged, or do	you have such a case						
pending?							
Date you can begin	Are you 18 years of age of	or older?	1	If und	der 18 ye	ars of age, you will be required	
work?				to su	bmit a bi	rth certificate or work	
				certif	icate as r	equired by Virginia or federal	
				law.			
				ı			

			EDUC	CATION					
Name of	lame of high school attended:		City & State		Graduate?	GED?			
Name of college or technical school:		City & State		Graduate?	Degree?	P Major:			
Advance	Advanced training or education		City & State						
Are you	Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:						
			Vour Avoilal	aility For Wor	de.				
			- Your Availal	Jility For Wor	K -				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda	y Sunday		
From:									
To:									
Total hours per week you are available to work:		Do you have any special requests or needs for a work schedule?							
- Giv	e Three Refer	ences That Are	Not Former Emp	loyers or Fan	nily Members \	Whom We N	lay Contact -		
Name and Occupation How		w do you know t	Pł	Phone Number					

## **WORK EXPERIENCE**

Please list the names of your present and/or previous employers for the last ten years in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer
Address
Type of Business
Telephone (
Job Title
Duties
Supervisor's Name May we contact? ☐ Yes ☐ No If No, why not?
Wages Start Final Reason for leaving
What will this employer say was the reason your employment terminated?
Employer
Address
Type of Business
Type of Business
Type of Business  Telephone (
Type of Business  Telephone () Dates employed : From To  Job Title
Type of Business  Telephone () Dates employed : From To  Job Title  Duties

Employer	
Address	
Type of Business	
Telephone (	
Job Title	
Duties	
Supervisor's Name May we contact? $\square$ Yes $\square$ No $\square$ If No, why not?	
Wages StartFinal Reason for leaving	
What will this employer say was the reason your employment terminated?	
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Employer	
Address	
Type of Business	
Telephone ( To To	
Job Title	
Duties	
Supervisor's Name May we contact?   Yes   No If No, why not?	
Wages StartFinal Reason for leaving	
What will this employer say was the reason your employment terminated?	

Please explain fully all gaps in your employment history in excess of one month.
Have you ever been terminated or asked to resign from any job? 2 Yes 2 No.  If yes, how many times?
Has your employment ever been terminated by mutual agreement? 2 Yes 2 No If yes, how many times?
Have you ever been given the choice to resign rather than be terminated? 2 Yes 2 No If yes, how many times?
I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements on this application will cause any offer of employment to be withdrawn and that if I am employed, false statements on this application shall be considered sufficient cause for dismissal Fawn Lake Country Club is hereby authorized to make any investigations of my prior educational and employment history.
I understand that Fawn Lake Country Club requires successful completion of a urinalysis drug test as part of its pre-employment (post offer) screening process.
I hereby authorize any person, educational institution, or company I have listed on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Fawn Lake Country Club, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.
I understand that employment at Fawn Lake Country Club is "at will," which means that either I or Fawn Lake Country Club can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.
Signed:
Date:
Parent Signature (if applicant is under 18):