

SILVER OAK GOLF COURSE

APPLICATION FOR EMPLOYMENT

TODAY'S DATE:

PERSONAL INFORMATION PLEASE PRINT

NAME:

FIRST

LAST

M.I.

CURRENT ADDRESS:

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER? YES / NO

PHONE:

CELL:

Email Address:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS

YES / NO

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU APPLYING FOR FULL OR PART TIME?

IF SO, MAY WE INQUIRE

ARE YOU EMPLOYED NOW?

OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN:

EVER WORKED FOR THIS COMPANY BEFORE?

WHEN:

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

HOW WERE YOU REFERRED TO THIS COMPANY?

HAVE YOU EVER BEEN CONVICTED* OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?

YES / NO

IF YES, DESCRIBE

*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE
JOB FOR WHICH YOU HAVE APPLIED!

EDUCATION

GIVE THE NAME AND LOCATION OF THE LAST SCHOOL ATTENDED AND
YOUR HIGHEST COMPLETED EDUCATION YEAR OR DEGREE RECEIVED.

SCHOOL

LOCATION

DEGREE / YEAR

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST A YEAR

NAME

ADDRESS

BUSINESS

YEARS
ACQUAINTED

1

2

3

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

COMPANY	DATES			
ADDRESS:	STREET	CITY	STATE	ZIP
NAME OF IMMEDIATE SUPERVISOR	PHONE			
DESCRIPTION OF WORK				
REASON FOR LEAVING				

COMPANY	DATES			
ADDRESS:	STREET	CITY	STATE	ZIP
NAME OF IMMEDIATE SUPERVISOR	PHONE			
DESCRIPTION OF WORK				
REASON FOR LEAVING				

COMPANY	DATES			
ADDRESS:	STREET	CITY	STATE	ZIP
NAME OF IMMEDIATE SUPERVISOR	PHONE			
DESCRIPTION OF WORK				
REASON FOR LEAVING				

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED , WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND NO COMPANY REPRESENTATIVE, OTHER THAN ITS GENERAL MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE GENERAL MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE

DATE