



DAKOTA DUNES COUNTRY CLUB

APPLICATION FOR EMPLOYMENT

an Equal Opportunity Employer

APPLICANT'S INFORMATION

CONTACT INFORMATION

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Social Security</i>	<i>Telephone Number</i>		
<i>Email</i>			

POSITION DESIRED

<i>Job Title</i>	<i>What date are you available to start work?</i>
<i>Type of Employment</i>	<i>Full Time</i> <i>Part Time</i> <i>Seasonal</i>

EMPLOYMENT INFORMATION

Beginning with the most recent, list prior as well as current employment, including military service. If you were not gainfully employed for any period of time, be sure to include the reason why. If more space is needed, attach additional information.

<i>Job Title</i>	<i>Starting Date:</i>	<i>Ending:</i>
<i>Company Name</i>	<i>Starting Hourly Rate/Salary:</i>	<i>Final:</i>
<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Supervisor</i>	<i>Telephone Number</i>	<i>May we contact?</i>
<i>Work Performed</i>	<i>Reason for Leaving</i>	

<i>Job Title</i>	<i>Starting Date:</i>	<i>Ending:</i>
<i>Company Name</i>	<i>Starting Hourly Rate/Salary:</i>	<i>Final:</i>
<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Supervisor</i>	<i>Telephone Number</i>	<i>May we contact?</i>
<i>Work Performed</i>	<i>Reason for Leaving</i>	

<i>Job Title</i>	<i>Starting Date:</i>	<i>Ending:</i>
<i>Company Name</i>	<i>Starting Hourly Rate/Salary:</i>	<i>Final:</i>
<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
<i>Supervisor</i>	<i>Telephone Number</i>	<i>May we contact?</i>
<i>Work Performed</i>	<i>Reason for Leaving</i>	

EDUCATION INFORMATION

	Name of School	City and State	Years Completed	Did you Graduate?	Major/Degree Received
High School					
Vocational or Business School					
College/University Other (Include courses presently taking)					

OTHER INFORMATION

List any professional licenses or certifications:

Do you possess keyboarding skills?	Yes	No	If yes, speed:	
Do you possess a valid Driver's License?	Yes	No	If yes, State:	Driver's License Number:
Have you ever been employed by a division of Dakota Dunes Country Club?	Yes	No		
If yes	Start Date	End Date	Division	
How did you hear about this job opening?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Online (Website: _____)			
	<input type="checkbox"/> DDCC Employee Referral (Employee Name: _____) <input type="checkbox"/> Other(_____)			
Have you ever been convicted of a crime?	Yes	No	Date(s) of Conviction(s):	
If yes, explain				

NOTICE

The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. Upon written request, additional information as to the nature and scope of this report, if one is made, will be provided.

APPLICANT'S STATEMENT

I certify that the statements herein are correct and true to the best of my knowledge. I understand that falsification of this application or failure to give any material information will void this application or result in my termination if hired.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not a contract of employment. I understand that if I am hired, the employment relationship between me and the Company is "at will." That is, the relationship can be severed by either myself or the Company at any time for any reason.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires that all new employees must provide documents proving their U.S. citizenship or their authorized alien work status to begin employment. I further understand that all job offers are conditional on the production of satisfactory documentation, as required by this law.

I understand and agree that if conditionally offered employment, I may be required to take an entrance medical examination which includes a drug screen based on analysis of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment with the Company for six months following the date of the entrance medical examination.

Applicant's Signature

Date of Application