

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ___/___/___

Name _____
 Last First Middle

Address _____
 Street City State Zip Code

Telephone #_() _____ Mobile/Beeper/Other Phone #_() _____ E-Mail Address _____

If you are under 18, and it is required, can you furnish a work permit? _____ oN ف seY ف
 If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ ف Yes ف No
 Are you legally eligible for employment in this country? _____ ف Yes ف No
 Date available for work ___/___/___ What is your desired salary range? \$ _____
 Type of employment desired _____ ف Full-Time _____ ف Part-Time _____ ف Seasonal
 Are you able to meet the attendance requirements of the position? _____ ف Yes ف No
 Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ ف Yes oN ف
 If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute and automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? retaL ف oN ف seY ف			
Reason for leaving		Hourly Rate/Salary Start \$ Per Final \$ Per	
From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
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May we contact for reference? retaL ف oN ف seY ف			
Reason for leaving		Hourly Rate/Salary Start \$ Per Final \$ Per	

AN EQUAL OPPORTUNITY EMPLOYER

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)				
Name	Number of Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References		
Name	Telephone	Number Of Years Known
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that **MONROE GOLF CLUB, INC.** is an **AT WILL EMPLOYER**. I acknowledge that if hired, I will be an **AT WILL EMPLOYEE**. I will be subject to dismissal or discipline with out notice or cause, at the discretion of the employer. I understand that no representative of **MONROE GOLF CLUB, INC.**, other than the **BOARD OF GOVERNORS**, has the authority to change the terms of an **AT WILL EMPLOYMENT** and that any such change can occur only in a written employment contract. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I HAVE READ AND UNDERSTAND THE AT WILL EMPLOYMENT _____
INITIALS

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____