

Application for Employment

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 90 days. After this time a separate employment application must be submitted in order to be considered for employment.

Personal Information

Please print clearly

Date: _____

First Name _____ Middle _____ Last _____
 Street Address _____ Social Security No. _____
 City/State/Zip _____ Phone (____) _____
 How did you find out about this job? Newspaper Referral Other _____
 Minimum salary expected _____ Are you at least 18 years old? Yes No
 Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)
 Have you been convicted of or plead guilty to a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Employment Data

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____
 Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No
 Are you currently employed? Yes No If hired, when would you be able to start? _____
 Have you ever worked for this club before? Yes No If yes, when?: _____
 List any friends or relatives employed by this company: _____
 Are you or any of your family a member of this club? Yes No If yes, who?: _____
 Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

 How many days have you missed from work in the last year other than approved vacation, sick, or disability leave? _____
 How many days have you been late work in the last year other than approved vacation, sick, or disability leave? _____

Education

	Name and Location of School	Circle Highest Level Completed	Did You Graduate?	Degree/Subjects
Elementary:	_____	1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School:	_____	9 10 11 12 G.E.D	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	1 2 3 4 5 6 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	1 2 3 4 5 6 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Military Service

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____
 List any special skills or training: _____



Work History (Please list your last four employers. Begin with the most recent.)

1. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code (_____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Specific reason for leaving: _____

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why.

Why are you seeking a new position at this time? _____

Please read the following carefully, then sign and date the application.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. In completing this employment application, all job candidates agree to resolve all disputes regarding this application for employment through Ridglea Country Club's Alternative Dispute Resolution Program. I have read, understand, and agree to the above.

Applicant's Signature _____ Date _____



CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Company, or as a condition of my continued employment with Company, the Company may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, Motor Vehicle records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Company's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Company will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Company. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

_____ Signature of Applicant	_____ Date	_____ Drivers License Number and State
_____ Printed Name of Applicant	_____ Date of Birth (for identification purposes only)	
_____ Applicant's Address/City/State/Zip	_____ Applicant's Social Security Number	

CONSENT FOR DRUG AND ALCOHOL SCREENING

I hereby give my consent for a urine, blood, and/or hair sample to be collected from me and submitted for an alcohol, drug, and controlled substances screening test. I also consent to the release of the test results to the Company for its use. I understand that any positive result will negate the offer of employment with Company.

_____ Signature of Applicant	_____ Date	_____ Printed Name on Applicant
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AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____, hereby authorize Ridglea Country Club and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Ridglea Country Club.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Ridglea Country Club with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Please provide all residential addresses for the past 7 years

Current Address:	Street	Apt. #	City	State/Zip Code	From/To
Previous Address:	Street	Apt. #	City	State/Zip Code	From/To
Previous Address:	Street	Apt. #	City	State/Zip Code	From/To
Previous Address:	Street	Apt. #	City	State/Zip Code	From/To

Date of Birth (for I.D. purposes only): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue: _____

Signature: _____ Date: _____ / _____ / _____