

Blue Shamrock Golf Club Application for Employment Equal Opportunity Employer

Name (Last Name First)		<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Seasonal	
Address		Telephone #	
_____		_____	
_____		Cell/Other _____	
County			
Position		Date you can start	Salary Desired
Are you employed? Yes <input type="radio"/> No <input type="radio"/>		Have you worked here before? Yes <input type="radio"/> No <input type="radio"/>	
If so, may we inquire of your present employer? Yes <input type="radio"/> No <input type="radio"/>		When _____ What Position? _____	
High School Name & Location	# of years attended	Did you Graduate?	Subjects studied
College Name & Location	# of years attended	Did you Graduate?	Subjects studied
Trade, Business or Correspondence School Name & Location	# of years attended	Did you Graduate?	Subjects studied
Subjects of special study/research work of special training /skills			

Employment Address & Name	Dates	Salary/ Position	Reason for leaving
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Reference Name	Address/Telephone	Business	Years Known
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Reference Name	Address/Telephone	Business	Years Known

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers list above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____ Signature _____

Interviewed By _____ Date _____

Do Not Write Below This Box

Remarks
