

MULBERRY HILLS GOLF CLUB - APPLICATION FOR EMPLOYMENT

Today's Date _____

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of Mulberry Hills as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last)		First	Middle	Social Security Number
LIST ANY OTHER NAMES used in past 7 years.				
HOME ADDRESS (Number & Street)			City	State ZIP
Home Phone (with area code)		Daytime Phone (with area code)		Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years At Current Address.	If less than 7 years, list all other cities and states in which you lived during the past 7 years.			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)		
Other than minor traffic offenses, have you ever been convicted of a crime? (A conviction record will not necessarily bar you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, describe in detail below including date and location of offense.				
How many days have you missed from work for any reason in the last two years?			Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, in what year?	
Have you ever been employed here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.			Starting and Ending Dates of Employment	
Position(s) Held			Reason for Leaving	
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.				
Name	Relation	Job Title	Location	

POSITION

Position Desired		Salary Expected \$ _____ Month		What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?			Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?			May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If position requires driving, complete following:	License No.	State Issued	Expiration	Class

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		From (month/year)	To (month/year)	
	City & State Where Located		Phone No. (with area code)	Type of Business	Ending Salary
	Position Title		Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor		Title of Supervisor	Supervisor's Phone No.	
2ND PREVIOUS EMPLOYER May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		From (month/year)	To (month/year)	
	City & State Where Located		Phone No. (with area code)	Type of Business	Ending Salary
	Position Title		Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor		Title of Supervisor	Supervisor's Phone No.	
3RD PREVIOUS EMPLOYER May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		From (month/year)	To (month/year)	
	City & State Where Located		Phone No. (with area code)	Type of Business	Ending Salary
	Position Title		Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor		Title of Supervisor	Supervisor's Phone No.	
4TH PREVIOUS EMPLOYER May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		From (month/year)	To (month/year)	
	City & State Where Located		Phone No. (with area code)	Type of Business	Ending Salary
	Position Title		Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor		Title of Supervisor	Supervisor's Phone No.	
5TH PREVIOUS EMPLOYER May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name		From (month/year)	To (month/year)	
	City & State Where Located		Phone No. (with area code)	Type of Business	Ending Salary
	Position Title		Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor		Title of Supervisor	Supervisor's Phone No.	

MILITARY SERVICE (Complete if you have ever served in any branch of the US Military.)

Branch	Final Base, City & State where assigned	Date Entered	Date Discharged	Rank and Position at Discharge
Name and Title of Supervisor		Phone No.(with area code)		Did you receive a DISHONORABLE discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
List service schools or special relevant experience.				

EDUCATION (If degree was received under a different name, please include.)

<i>School</i>	<i>Name of School - City & State Where Located</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>			XXXXXXX XXXXXXX XXXX	
<i>College</i>				
<i>Other, including GED</i>				

ADDITIONAL QUALIFICATIONS

<i>Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.</i>
<i>Languages in which you are fluent other than English.</i>
<i>List additional relevant skills or abilities.</i>

PROFESSIONAL REFERENCES . (List individuals familiar with your work; do not include relatives.)

<i>Name</i>	<i>City & State</i>	<i>Phone (Preferably Day Time)</i>	<i>Occupation</i>

I certify that I have read and understand the “Applicant Note” on Page One of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background and hereby release the same from any and all liability for any damage whatsoever for issuing this information.

APPLICANT’S SIGNATURE	DATE
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PLEASE DO NOT WRITE BELOW THIS LINE
