## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

	Last Name, First Middle	Date
P E R S O N A L	Street Address	Home Telephone ( )
	City, State, Zip	Business Telephone ( )
	Have you ever applied for employment with us?	Social Security #
	Position Desired	Pay Expected
	Are you available for full-time work?	Will you work overtime if asked?
	Are you legally eligible for employment in the United States?	When will you be available to begin work?
	Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes No If yes, describe in full.	Have you ever been bonded?
	Other special training or skills (languages, machine operation, etc.)	

	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Dimploma
E D U C A	Graduate				Yes No	
	College				Yes No	
T I O	Business / Trade / Technical				<ul><li>Yes</li><li>No</li></ul>	
Ν	High School				<ul><li>Yes</li><li>No</li></ul>	
	Elementary				<ul><li>Yes</li><li>No</li></ul>	

## **EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

	Company Name	Teleph	one	
		(	)	
	Address	Employ	/ed - (State n	nonth and year)
		From		То
	Name of Supervisor	Weekly	/ Pay	
1		Start		Last
	State Job Title and Describe Your Work	Reasor	n for leaving	

	Company Name	Telephone	
		( )	
	Address	Employed - (State m	nonth and year)
		From	То
Ī	Name of Supervisor	Weekly Pay	
2		Start	Last
	State Job Title and Describe Your Work	Reason for leaving	

	Company Name	Telephone	
		()	
	Address	Employed - (State n	nonth and year)
		From	То
_	Name of Supervisor	Weekly Pay	
3		Start	Last
	State Job Title and Describe Your Work	Reason for leaving	

	Company Name	Telephone	
		()	
	Address	Employed - (State m	onth and year)
		From	То
	Name of Supervisor	Weekly Pay	
4		Start	Last
	State Job Title and Describe Your Work	Reason for leaving	

We may contact the employers listed above	Do Not Contact
unless you indicate those you do not want us to contact.	Employer Number(s)
	Reason

MILITARY	Did you serve in the U.S. Armed Forces?	Yes	🗌 No	If Yes, what Branch?
Describe any training received relevant to the position for w	hich you are applying.			

## PERSONAL REFERENCES

Please Provide Four Personal References

Name	Address and Phone Number

I certify that the information in this application is true, correct, and complete to the best of my knowledge, and I grant permission to Blue Lakes Country Club to verify such information and to conduct such investigation, as it deems necessary, relevant to this application. Any false statement or misrepresentation on this application shall be sufficient cause for rejection of this application or for dismissal from employment. I also authorize previous employers, schools or persons listed above to provide information regarding my employment, education, character and qualifications.

I fully understand that my application will only be considered for the job opening that I have applied for 30 days from this date. After 30 days, my application will become inactive and I understand that if I want to be considered for job openings after that date, I must reapply.

I understand that Blue Lakes Country Club has a nepotism policy. I certify that I am not related to any other employee of Blue Lakes Country Club.

I understand that employment will be at-will and that acceptance of an offer of employment does not constitute a contractual obligation upon the employer to continue to employ me in the future.

I authorize the Blue Lakes Country Club to deduct my charges from my paycheck, which may be incurred by me, such as employee purchases, tools, etc.

I further understand that Blue Lakes Country Club is a drug free workplace, and that I may be required to pass a drug screen prior to employment.

O I certify that I have read and agree with the above.

No, I do not agree.

Date

Signature (If printing) Name (If sending by email)