Application For Employment

Ravines Golf Club - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

***** PLEASE PRINT CLEARLY *****

Position(s) applied for _____ Date ____/____/____

How did you find out about this job? ❑ Newspaper ❑ Employee ❑ Walk-in ❑ Relative ❑ Other _____

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

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (___) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

If the job you are applying for requires driving: Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) ❑ 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.)

_____

_____

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? ____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

_____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? ____ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: _____

_____

Please describe: _____

Education (circle highest level achieved)

Elementary: ○○○○○○○○ Secondary: ○○○○ GED

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? ❑ Yes ❑ No

If yes, identify program and school: _____

College: ○○○○○○○○

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with 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 _____

   Describe duties briefly: _____

   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 _____

   Describe duties briefly: _____

   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 _____

   Describe duties briefly: _____

   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 _____

   Describe duties briefly: _____

   Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____

If yes, give name and organization(s) _____

May we contact the employers listed above?____ If not, list the employers you do not wish us to contact and why:

_____

_____

_____

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

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.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____