



LLC

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE PRINT CLEARLY

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address: _____ Social Security No. _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

Do you have any physical conditions which limits your ability to perform the particular job for which you are apply? [] Yes [] No If yes, please describe such condition and explain the work limitations _____

Position(s) Applying for: [GOLF] _____ [FOOD & BEV] _____

How did you learn about the position? _____

On what date would you be available to start? _____ Desired Wage/Salary \$ _____

Are you requesting; Full Time [] Part-Time [] Part-Time Student [] Part-Time Seasonal (April-Oct) []

Which days of the week and what hours of the day are you available for work – Please be specific;

Monday [] Tuesday [] Wednesday [] Thursday []
Friday [] Saturday [] Sunday []

| EDUCATION | | | | | |
|-------------|----------|-------------|----------------|-----------------|-------|
| School Name | Location | Type | Years Attended | Degree Received | Major |
| | | High School | | | |
| | | College | | | |
| | | College | | | |

Other training, certifications, or licenses held: _____

Maple Creek Golf Club, LLC - Employment Application

EMPLOYMENT

(Most Recent Employer First)

1. Employer _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title(s) _____ Supervisor _____
Starting Salary _____ /hr. _____ /yr. Ending Salary _____ /hr. _____ /yr.
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title(s) _____ Supervisor _____
Starting Salary _____ /hr. _____ /yr. Ending Salary _____ /hr. _____ /yr.
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title(s) _____ Supervisor _____
Starting Salary _____ /hr. _____ /yr. Ending Salary _____ /hr. _____ /yr.
Duties Performed _____
Reason for Leaving _____

Any Additional Skills pertaining to your employment request; _____

ACKNOWLEDGMENT AND AUTHORIZATION

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time (a two week notice is requested) and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Interviewed By _____

Date Interviewed _____

Possible Position(s) _____

Date Available _____
