



# STONELEIGH GOLF AND COUNTRY CLUB EMPLOYMENT APPLICATION

**ALL SECTIONS MUST BE COMPLETED**

PERSONAL DATA (PLEASE COMPLETE USING LEGAL NAME)				
APPLICANT LAST NAME	FIRST	MIDDLE		
PREFERRED NAME	HAVE YOU EVER WORKED UNDER ANOTHER NAME?			
PRESENT STREET ADDRESS	(IF LESS THAN 2 YEARS) PREVIOUS STREET ADDRESS			
CITY                      STATE              COUNTRY              ZIP CODE	CITY                      STATE              COUNTRY              ZIP CODE			
PRESENT PHONE NUMBER	CELL PHONE NUMBER			
WORK PHONE NUMBER	EMAIL ADDRESS			
HOW WERE YOU REFERRED TO STONELEIGH GOLF AND COUNTRY CLUB.?      HAVE YOU PREVIOUSLY WORKED FOR STONELEIGH?				
YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?				
RELATIVES EMPLOYED BY STONELEIGH GOLF AND COUNTRY CLUB (STATE NAME, RELATIONSHIP & DEPARTMENT)				
JOB INTEREST				
POSITION:		SALARY DESIRED:		
CHECK SHIFT(S) YOU ARE AVAILABLE TO WORK (COMPLETE ONLY IF APPLICABLE)				
<input type="checkbox"/> 1 <sup>ST</sup> SHIFT <input type="checkbox"/> 2 <sup>ND</sup> SHIFT <input type="checkbox"/> 3 <sup>RD</sup> SHIFT <input type="checkbox"/> OVERTIME				
EDUCATION (DEGREES MAY BE VERIFIED)				
HIGH SCHOOL NAME		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, HIGHEST GRADE COMPLETED		
ADDRESS				
HIGHER EDUCATION	MAJOR SUBJECT	DATE OF GRADUATION	DEGREE RECEIVED	IF NO DEGREE, TOTAL UNITS
SCHOOL NAME				
ADDRESS				
SCHOOL NAME				
ADDRESS				
SCHOOL NAME				
ADDRESS				
TRADE, BUSINESS OR OTHER SCHOOL				
ADDRESS				

**WORK EXPERIENCE: ACCOUNT FOR ALL PERIODS OF EMPLOYMENT AND/OR UNEMPLOYMENT FOR THE LAST 10 YEARS. START WITH PRESENT OR MOST RECENT EMPLOYMENT.**

COMPANY	FROM (MO/YR)	TO (MO/YR)	FULL TIME	PART TIME
STREET ADDRESS		STARTING SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>		
CITY	STATE	ZIP	FINAL BASE SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>	
MAY WE CONTACT YOUR PRESENT SUPERVISOR/EMPLOYER? IF NO, WHEN?		TOTAL COMPENSATION PACKAGE (i.e., PROFIT SHARING, BONUSES, CAR ALLOWANCE, OTHER)		
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	DATE AVAILABLE FOR EMPLOYMENT	

REASON FOR LEAVING

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YOUR POSITION TITLE AND JOB RESPONSIBILITIES:

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COMPANY	FROM (MO/YR)	TO (MO/YR)	FULL TIME	PART TIME
STREET ADDRESS		STARTING SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>		
CITY	STATE	ZIP	FINAL BASE SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>	
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	TOTAL COMPENSATION PACKAGE (i.e., PROFIT SHARING, BONUSES, CAR ALLOWANCE, OTHER)	

REASON FOR LEAVING

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YOUR POSITION TITLE AND JOB RESPONSIBILITIES:

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COMPANY	FROM (MO/YR)	TO (MO/YR)	FULL TIME	PART TIME
STREET ADDRESS		STARTING SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>		
CITY	STATE	ZIP	FINAL BASE SALARY: <div style="text-align: right;"> <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY   <input type="checkbox"/> ANNUAL         </div>	
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	TOTAL COMPENSATION PACKAGE (i.e., PROFIT SHARING, BONUSES, CAR ALLOWANCE, OTHER)	

REASON FOR LEAVING

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YOUR POSITION TITLE AND JOB RESPONSIBILITIES:

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**(IF MORE SPACE IS REQUIRED FOR WORK EXPERIENCE, PLEASE ATTACH ADDITIONAL SHEET)**

**MILITARY**

HAVE YOU SERVED IN THE ARMED FORCES OF THE U.S.?  YES  NO

BRANCH OF SERVICE & RANK/POSITION:	FROM (MO/YR)	TO (MO/YR)	TRAINING AND WORK EXPERIENCE RECEIVED:

**EMPLOYMENT ELIGIBILITY (PLEASE ANSWER ALL QUESTIONS USING "YES", "NO", "N/A", ALL QUESTIONS MUST BE ANSWERED)**

A) ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS?

YES  NO  N/A

B) IS YOUR WORK AUTHORIZATION BASED ON YOUR STATUS AS AN F-1 FOREIGN STUDENT WITH PRACTICAL TRAINING?

YES  NO  N/A

C) IS YOUR WORK AUTHORIZATION BASED ON YOUR STATUS AS A J-1 EXCHANGE VISITOR WITH PRACTICAL TRAINING?

YES  NO  N/A

IF SO, ARE YOU SUBJECT TO A 2-YEAR FOREIGN RESIDENCE REQUIREMENT?

YES  NO  N/A

D) IS YOUR WORK AUTHORIZATION BASED ON YOUR H1-B STATUS?

YES  NO  N/A

IF YES, WHAT IS THE DURATION OF THIS STATUS? \_\_\_\_\_

**PROFESSIONAL REFERENCES - LIST A MINIMUM OF THREE PERSONS (FORMER SUPERVISORS NOT LISTED ABOVE, AND CO-WORKERS OR PROFESSORS OR OTHER PROFESSIONALS FAMILIAR WITH YOUR QUALIFICATIONS)**

REFERENCE NAME		CONTACT INFORMATION	RELATIONSHIP (i.e., SUPERVISOR, CO-WORKER, PROFESSOR)
LAST	FIRST		
		PHONE: _____	
		EMAIL: _____	
		PHONE: _____	
		EMAIL: _____	
		PHONE: _____	
		EMAIL: _____	
		PHONE: _____	
		EMAIL: _____	
		PHONE: _____	
		EMAIL: _____	

<b>PERSONAL QUALIFICATIONS AND ACHIEVEMENTS (YOU MAY EXCLUDE ALL INFORMATION INDICATIVE OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, ANCESTRY, AND DISABILITY.)</b>	
USE THIS SPACE FOR COMMENTS ABOUT SIGNIFICANT PROFESSIONAL ACCOMPLISHMENTS, YOUR SPECIAL ABILITIES, OR WORK YOU WOULD LIKE TO DO.	
HONORS, AWARDS, SCHOLARSHIPS, AND PROFESSIONAL AFFILIATIONS	
CO-OP/INTERNSHIP ASSIGNMENTS	
PATENT, THESIS, AND PUBLICATIONS	
FOREIGN LANGUAGES (INDICATE PROFICIENCY TO SPEAK, READ, AND/OR WRITE)	
<b>PRE-EMPLOYMENT STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)</b>	
<p><b>UNDER FEDERAL LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE.</b></p> <p>I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACT MADE IN THIS APPLICATION OR ANY OTHER COMPANY RECORDS MAY BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR FOR TERMINATION FROM THE COMPANY'S SERVICE IF EMPLOYED. I AGREE, IN THE EVENT OF MY EMPLOYMENT, TO COMPLY WITH AND ABIDE BY ALL COMPANY RULES, REGULATIONS, AND POLICIES/PROCEDURES, INCLUDING SAFETY POLICIES AS A CONDITION OF MY EMPLOYMENT.</p> <p>I AUTHORIZE STONELEIGH GOLF AND COUNTRY CLUB TO INVESTIGATE THE STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND OTHER FACTS SURROUNDING MY APPLICATION, AS IT MAY DEEM APPROPRIATE. THIS INCLUDES CONTACTING MY FORMER AND CURRENT EMPLOYERS AS WELL AS OBTAINING A BACKGROUND CHECK AND/OR CONSUMER REPORT FROM A CONSUMER REPORTING AGENCY, IF APPLICABLE. I HEREBY RELEASE FROM ALL LIABILITY STONELEIGH GOLF AND COUNTRY CLUB AND ALL PERSONS OR ENTITIES SEEKING OR PROVIDING INFORMATION IN CONNECTION WITH SUCH INVESTIGATION.</p> <p>I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION IS NOT AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT WILL BE AT-WILL, AND THEREFORE CAN BE TERMINATED WITH OR WITHOUT CAUSE, AT ANY TIME, WITHOUT PRIOR NOTICE, AT MY OPTION OR THE COMPANY'S OPTION. THIS AT-WILL EMPLOYMENT RELATIONSHIP WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT WITH THE COMPANY UNLESS IT IS SPECIFICALLY MODIFIED BY AN EXPRESS WRITTEN EMPLOYMENT AGREEMENT EXECUTED BY AN OFFICER OF THE COMPANY AND BY ME. I UNDERSTAND AND AGREE THAT THIS AT-WILL EMPLOYMENT RELATIONSHIP MAY NOT BE MODIFIED BY ANY ORAL OR IMPLIED AGREEMENT.</p>	
_____	_____
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>

Stoneleigh Golf and Country Club, LC is an Equal Opportunity Employer