

The Golf Club at StoneBridge

EMPLOYMENT APPLICATION

An Equal Opportunity Employer Date $\overline{\text{MI}}$ Last Name First Name **Present Address** Zip No. & Street City State Permanent Address (if different from present address) No. & Street City State Zip **Business Phone** Home Phone EMPLOYMENT DESIRED Position applying for: PERSONAL INFORMATION Have you ever applied to or worked for Stonebridge Golf Club before? If yes, when? _ Do you have any friends or relatives working for Stonebridge Golf Club? Yes If yes, state name(s) and relationship: Name Relationship Name Relationship If hired, would you have a reliable means of transportation to and from work? Yes Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes

with or withou	to perform the essential functions of the just reasonable accommodation? no, describe the functions that cannot be		g, either	Yes No	
	er been convicted of a criminal offense (fe yes, state nature of the crime(s), when ar			Yes No	
EDUCATION	N, TRAINING, AND EXPERIENCE				
School	Name and Address		No. of Years Completed		Degree or Diploma
High				Yes No	
School	Name		_		
	Address		_		
	City	State	 Zip	-	
College				☐ Yes ☐ No	
Conege	Name		_	les live	
	Address		_		
	City	State	 Zip	_	
Vocational/			_	Yes No	
Business	Name			<u> </u>	
	Address		_		
	City	State	 Zip	-	
EMPLOYME	NT HISTORY				
	present and past employment starting was section even if attaching a resume.	vith your most recent employe	er. Account for all peri	ods of unemployment.	
		()			
Name of Employer		Phone No.			
Type of Business		Supervisor's	s Name		
Address and	Street	City		State Zip	

Employment History, continued

Dates of Employment		Weekly P	ay:	
From	То		Starting	Ending
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?			Yes	No
	()			
Name of Employer	Phone No.			
Type of Business	Supervisor's Name		_	
Address and Street	City		State Z	 ip
Dates of Employment		Weekly P	ay:	
From	То		Starting	Ending
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?			Yes	No
	()			
Name of Employer	Phone No.			
Type of Business	Supervisor's Name		_	
Address and Street	City		State Z	ip
Dates of Employment		Weekly P	ay:	
From	То		Starting	Ending
Your Position and Duties				
Reason for Leaving				
May we contact this employer for a reference?			Yes	No

REFERENCES

			()	
First Name		Last Name	Phone No.	
Occupation	ı	No. of Years Acquainted		
References,	, continued			
First Name		Last Name	() Phone No.	
Occupation		No. of Years Acquainted		
First Name		Last Name	() Phone No.	
Occupation	i	No. of Years Acquainted		
Please Read	d, Initial Each Paragraph and Sign Below			
 Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.			
 Initials	I hereby authorize Stonebridge to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving my prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.			
 Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.			
 Initials	judicial action, tax lien or outstanding Company, I am entitled to copies of ar	luding records documenting an arrest, indictmonding judgment) be conducted by internal personnel my such public records obtained by the Compara result of such information, I am entitled to a celow.	l employed the ny unless I mark the	
	I waive receipt of a copy of an	y public record described in the paragraph abo	ove.	
Date	Applicant's Signature			