

APPLICATION FOR EMPLOYMENT

Scott Lake Golf and Practice Center – Equal Opportunity Employer

SCOTT LAKE DISCLAIMER

- The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at Least 40 years of age
- All employment at Scott Lake Golf and Practice Center is employment at- will status
- All applications will remain on file for one year

APPLICATION INFORMATION

Last name	First name	M.I	Date
Street Address			Apartment/Unit #
City		State	Zip
Phone			
Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, date of birth _____		Areas of interest? Carts <input type="checkbox"/> Grounds <input type="checkbox"/> Shop <input type="checkbox"/> Food & Bev <input type="checkbox"/> Player Assistant <input type="checkbox"/>	

EDUCATION

High school	City	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College	City	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCE

Name	Phone	Relationship
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PREVIOUS EMPLOYMENT

Company	From to	Duties	Wage	Reason for leaving
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AVAILABILITY

List hours available to work per week												<input type="checkbox"/> Check here if available anytime	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To
How many hours per week would you like to work?													

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree that I shall not file a claim, lawsuit, charge or cause of action of any kind arising out of my employment with the employer or the termination of my employment any later than the 180th day after my termination and that my agreement to shorten any applicable statute of limitations under any state or federal law is without prejudice to my rights to bring any such claim should I so choose. Upon hire, I agree that this application forms a binding contract of the terms above between myself and employer. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I agree to conform to the rules and regulations of the employer and that my employment and compensation can be terminated at any time with or without cause, at the option of either the company or myself.

Signature:

Date: