



# Employment Application

Ferncroft Country Club is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

Date:

**PERSONAL INFORMATION: Please type or print clearly**

First Name:		Email	
Middle Name:		Home Phone #	
Last Name:		Alternate Phone #	
Present Address			
	Street	City	State & Zip
Mailing Address			
	Street	City	State & Zip

**EMPLOYMENT INFORMATION:**

Can you, if hired, submit verification of your legal right to work in the United States?  Yes  No Initial \_\_\_\_\_

Position Desired: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary Expectation: \_\_\_\_\_

Do you desire:	Full Time	Part Time	On Call	Nights: Yes No	
Are you willing to work	Weekends: Yes No	Holidays: Yes No	Days: Yes No	Nights: Yes No	Valid Driver's License: Yes No

**WORK EXPERIENCE: LIST MOST RECENT FIRST**

CHECK BOX if you do not want present employer contacted

EMPLOYER	DATE: MO/YR	ENDING RATE OF PAY	POSITION
Name	From:	\$	Title
Address	To:		Supervisor
Phone			Reason for Leaving
Name	From:	\$	Title
Address	To:		Supervisor
Phone			Reason for Leaving
Name	From:	\$	Title
Address	To:		Supervisor
Phone			Reason for Leaving
Name	From:	\$	Title
Address	To:		Supervisor
Phone			Reason for Leaving

**EDUCATION**

Type of School	Name & Address	Courses Majored in	Year Graduated
Elementary			
High School			
College			

Other			
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<b>SPECIAL SKILLS OR TRAINING: (Only if applicable)</b>
List any training or job-related skills which should be considered:

<b>OTHER PERSONAL INFORMATION:</b>			
Have you ever applied to Ferncroft Country Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Position:
Have you ever been employed at Ferncroft Country Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Separated	Position:
Do you meet the legal age requirements to handle alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Under 18 years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ferncroft Country Club prohibits the employment of relatives in a reporting relationship. Please list name, position and relationship of any relative currently employed by Ferncroft Country Club:			

Have you been convicted of any felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction does not include those that have been judicially expunged, sealed or eradicated. (A conviction record will not necessarily disqualify an applicant. Factors such as age, seriousness, nature and time of offense, rehabilitation and job-relatedness will be taken into account.)
If yes, please describe in detail:

Are you able to perform the essential job functions for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>REFERENCES</b>			
List three persons to whom you are not related who qualify to judge your training or capabilities that we may contact.			
Name:	Business/Occupation:	Years Known	
Home or business address	Phone:		
Name:	Business/Occupation:	Years Known	
Home or business address	Phone:		
Name:	Business/Occupation:	Years Known	
Home or business address	Phone:		

<b>CERTIFICATION</b>	
APPLICANT: Please read the following carefully and initial all statements before signing this application form.	
	I authorize Ferncroft Country Club to investigate all statements contained in this application and/or resume supplied. I authorize these persons, schools and employers named in this application to provide Ferncroft Country Club with all relevant information needed to evaluate my qualifications and release those persons, schools and employers from any liability for disclosure of such information.
	I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements or omissions appearing on this or any other employment form or provided during the interview process will be sufficient reason not to hire me, and if discovered after my employment, may result in termination. If employed, I will abide by the existing rules of Ferncroft Country Club and will abide by such rules and regulations as may become effective while I am so employed.
	I understand that my employment is "at will" which means that, if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that the policies and procedures of the Company are guidelines for the governance of employment and that the Company retains ultimate and complete discretion in the application and revision of such policies and procedures.
	I give Ferncroft County Club permission to test me for use of illegal substances. I understand that if my drug screen/test turns out positive for a prohibited substance, I will not be eligible for hire, or if I am already employed by Ferncroft Country Club, I will be subject to immediate termination.
	Further, I understand that if I am employed by the company, I will be required to be at my work station ready to start working at the time indicated. I further agree that, if employed, I will supply Ferncroft Country Club with documentation concerning my identity and authorization to work in the United States as required by the Immigration Reform and control act of 1986.
Date	Signature