



# StonyCreek Golf Club, Inc.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status. Employment at StonyCreek Golf Club is at-will and may be terminated by either party for any reason.

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Phone: (     )                      Cell Phone: (     )

Date Available:                      Social Security No.:                      Email:

Position Applied for:                      How did you hear of this opening:

If hired, can you submit verification of your legal right to work in the United States?                      YES                       NO

Are you a citizen of the United States?                      YES                       NO                       If no, are you authorized to work in the U.S.?                      YES                       NO

Are you looking for full time employment?                      YES                       NO                       If no, what hours are you available?

Are you looking for seasonal employment?                      YES                       NO                       If yes, what period of time are you available?

Are you willing to work as early as 6am?                      YES                       NO                       Are you willing to work as late as 10pm?                      YES                       NO

**Please be aware that we require working weekend availability**

How often do you use a computer?                      Daily                       Weekly                       Seldom                       Never

In addition to your work history, are there other skills, qualifications or experience that we should consider?:

Have you ever worked for this company?                      YES                       NO                       If yes, when?                      YES                       NO

Do you have a medical condition which would limit your capacity for the job applied for?                      YES                       NO

If yes, explain:

Have you ever been convicted of a felony?                      YES                       NO

If yes, explain:

### Education

**High School:**                      Location:                      YES                      NO  
 From:                      To:                      Did you graduate?                                                                  Degree:

**College:**                      Location:                      YES                      NO  
 From:                      To:                      Did you graduate?                                                                  Degree:

**Other:**                      Location:                      YES                      NO  
 From:                      To:                      Did you graduate?                                                                  Degree:

### Previous Employment

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

---

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

---

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

---

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_