



PAINTED DUNES GOLF COURSE

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date Last Name First Name MI

Present Address

No. & Street City State Zip

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 Painted Dunes Golf Course before? Yes No
If yes, when? _____

Do you have any friends or relatives working for Painted Dunes Golf Course? Yes No
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 No

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 No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

EDUCATION, TRAINING, AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	
College	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	
Vocational/ Business	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. Complete this section even if attaching a resume.

Name of Employer _____	(____) _____ - _____ Phone No.
Type of Business _____	Supervisor's Name _____
Address and Street _____	City _____ State _____ Zip _____ - _____

Employment History, continued

Dates of Employment	From _____ To _____	Weekly Pay:	Starting _____ Ending _____
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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 _____ Zip _____

Dates of Employment From _____ To _____ **Weekly Pay:** 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 _____ Zip _____

Dates of Employment From _____ To _____ **Weekly Pay:** Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? ----- Yes No

REFERENCES

List below three individuals not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ (____) ____ - ____
Phone No.

Occupation _____ No. of Years Acquainted _____

References, continued

First Name _____ Last Name _____ (____) ____ - ____
Phone No.

Occupation _____ No. of Years Acquainted _____

First Name _____ Last Name _____ (____) ____ - ____
Phone No.

Occupation _____ No. of Years Acquainted _____

Please Read, 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 PAINTED DUNES GOLF COURSE 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 Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature
