

SLIPPERY ROCK GOLF CLUB AND EVENTS CENTER JOB APPLICATION

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

Name: _____ Street Address: _____
 Last First M

Apt # _____
 Or Box _____ City _____ State _____ Zip _____

Telephone (____) _____ - _____ E-mail _____

18 or older? () Yes () No, **IF NOT, Birth Date:** _____

- Were you known to any employer, school or reference by another name? () Yes () No
- If Yes, indicate other name: _____
- **Position for which you are applying:** _____
- **If hired, when could you start work?** _____
- **Have you ever been employed by this company before?** () Yes () No
- If Yes, when and where? _____
- Names of friends or relatives working for the Company (list name(s) and relationship):

AVAILABILITY:

How many hours per week are you available for work? _____ LIST TIMES BELOW

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

EDUCATION:

High School _____ **Address** _____

City _____ State _____ Zip _____ Last grade completed _____

Did you graduate? () Yes () No **Still Enrolled?** () Yes () No

Trade or College _____ Address _____

City _____ State _____ Zip _____ Last grade completed _____

Course/Major _____ Degree(s) or Certification(s) _____

Did you graduate? () Yes () No **Still Enrolled?** () Yes () No

EMPLOYMENT HISTORY: (start with most recent employer)

Company _____ Address _____

City _____ State _____ Telephone _____ Job Title _____

Dates Worked: From _____ To _____

Still Employed? () Yes () No May we contact this employer? () Yes () No \

Supervisor Name _____

Reason for leaving

Reference Check Performed By _____

Company _____ Address _____

City _____ State _____ Telephone _____ Job Title _____

Dates Worked: From _____ To _____

Still Employed? () Yes () No May we contact this employer? () Yes () No

Supervisor Name _____

Reason for leaving

Reference Check Performed By _____

Company _____ Address _____

City _____ State _____ Telephone _____ Job Title _____

Dates Worked: From _____ To _____

Still Employed? () Yes () No May we contact this employer? () Yes () No

Supervisor Name _____

Reason for leaving

Reference Check Performed By _____

MILITARY SERVICE:

Branch _____ Date [Entered _____ Discharged _____]

RANK _____

Do you have service-related skills applicable to civilian employment? () Yes () No

If Yes, describe:

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without

cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background, criminal information and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that I (check one) do _____ or do not _____ use illegal drugs.

Signature _____ Date _____

Print name _____