

Indian Hills Golf Club

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

1959 Indian Hills Rd
Painted Post, NY
14870
(607) 523-8060
(607) 523-8060 Fax

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date: _____

Name: _____ SS#: _____

Address: _____
City State Zip

Permanent Address: _____
City State Zip

Phone #: _____ Driver's License #: _____

Are you 18 years or older? Yes No If under 18, can you furnish a work permit? Yes No

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

Employment Desired:

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire with your present employer? _____

Have you been convicted of a crime, other than a traffic infraction within the last 5 years? Yes No
(Conviction of a crime will not necessarily disqualify an applicant from employment.)

If yes, please explain:

Employment History:

Employer Name, Address, Phone	Position/Rate	Dates Employed	Reason for Leaving	May we contact?

Education:

	Name/Location	Years Completed	Course of Study	Degree Diploma
Elementary School		5-6-7-8		
High School		9-10-11-12		
College		1-2-3-4		
Other				

List any special skills and qualifications:

List any other information you feel may be helpful in considering your application:

List 3 references (Do not include relatives or past employers - include names, addresses & telephone numbers)

I certify that the answers given are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand that this application is not and is not intended to be a contract of employment and should I become employed, such employment may be terminated at will by either myself or my employer upon notice of one party to the other.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signature

Date

Please tell us how you learned about Indian Hills Golf Club:

- _____ Newspaper advertisement
- _____ Walk-in
- _____ Current Employee
- _____ Former Employee
- _____ Other

If so, please provide that employee's name _____
 If so, please provide that employee's name _____

For Office Use Only:

Date of hire: _____

60 day trial period completion date: _____