



*If due to a physical or mental impairment or characteristic, you require accommodation in order to complete this application, you should request it at any stage of the application process and reasonable accommodation necessary due to your impairment or characteristic will be provided.*

## APPLICATION FOR EMPLOYMENT

*We do not discriminate on the basis of race, color, religion, national origin, sex, sexual preference, marital status, veteran status, age, handicap, disability, citizenship, height or weight, to the extent required by applicable law.*

— Please Print —

| PERSONAL   |       |        |                           |
|--|-------|--------|---------------------------|
| LAST NAME  | FIRST | MIDDLE | DATE                      |
| POSITION(S) APPLIED FOR  |       |        | HOME PHONE<br>(     )     |
| STREET ADDRESS   |       |        | BUSINESS PHONE<br>(     ) |
| CITY, STATE, ZIP   |       |        | SOCIAL SECURITY NUMBER    |
| PLEASE INDICATE ANY OTHER FIRST OR LAST NAME(S) UNDER WHICH YOU HAVE PREVIOUSLY WORKED |       |        | DRIVER'S LICENSE NUMBER   |
| HOW DID YOU LEARN OF THIS ORGANIZATION?  |       |        | PAY DESIRED               |

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

Are you 18 years of age or older? .....  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with LochenHeath Golf Club? .....  Yes  No

If yes, give date..... \_\_\_\_\_

Have you ever been employed with LochenHeath?.....  Yes  No

If yes, give date..... \_\_\_\_\_

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?..... \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Temporary

What hours are you available for work? ..... \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? .....  Yes  No





**ANY APPLICATION UNSIGNED OR INCOMPLETE WILL NOT BE PROCESSED**

**SIGNATURE**

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTURAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

IF YOU DECIDE TO OBTAIN RECORDS REGARDING MY CRIMINAL HISTORY AS SET FORTH HEREIN, I AUTHORIZE YOU TO DO SO.

I UNDERSTAND I MUST NOTIFY MY EMPLOYER, IN WRITING, FOR NEED OF ACCOMMODATION WITHIN 182 DAYS AFTER I KNOW OR SHOULD HAVE KOWN THAT ACCOMMODATION IS NEEDED TO PERFORM MY JOB.

---

DATE

---

SIGNATURE

**GENERAL INFORMATION**

**APPEARANCE AND CONDUCT**

The impression that you make on our guests is very important. Remember, you may be the first contact that a guest has with our resort; therefore we want to make sure that it is a good and lasting impression. We do require that all staff members maintain a clean, well-groomed appearance and conduct themselves in a considerate manner on and off duty.

**REFERENCE AND BACKGROUND CHECKS**

Due to the nature of our business, thorough reference checking will be conducted. Background security checks may also be conducted depending on the position you are being considered for. All results of such record checks will be held strictly confidential.

**DRUG/ALCOHOL FREE WORK ENVIROMENT**

LochenHeath Golf Club is a drug free work environment. Any staff member who is injured while on duty or who raises reasonable suspicion will be required to submit to a drug/alcohol test by an approved medical facility. If test results come back positive for drugs/alcohol, the individual may be subject to immediate discharge.

# REQUEST FOR EMPLOYMENT INFORMATION

**APPLICANT:** Please complete this section only and return with application. LochenHeath Golf Club will complete the remaining portion of this reference check process.

APPLICANT'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

POSITION(S) APPLYING FOR \_\_\_\_\_

Having made application with LochenHeath Golf Club, I hereby authorize the release of information directly to said company. I release and hold harmless present and past employers, references and all persons and institutions whomsoever, from any charge because of furnishing information. I waive any application to the Family Education Records, Privacy Act and Bullard - Plawecki Employee Right to Know Act insofar as the same might apply to responding to this request for information.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

---

**FORMER EMPLOYER:** Please give the following information about this applicant. Information will be held in strict confidence.

Name of Company \_\_\_\_\_

Contact \_\_\_\_\_

Phone or Fax \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

- |   | Excellent                | Good                     | Fair                     | Poor                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Honesty.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Quality of work .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Attitude toward co-workers .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attitude with Supervisor.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Courtesy .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Attendance Record .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Needed Supervision? <input type="checkbox"/> NEVER <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY |                          |                          |                          |                          |
| 8. Why did applicant leave? _____   |                          |                          |                          |                          |
| 9. If company policy allowed, would you rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO                        |                          |                          |                          |                          |
| 10. Did applicant have custody of money and/or valuables? <input type="checkbox"/> YES <input type="checkbox"/> NO              |                          |                          |                          |                          |
| If yes, were these kept properly? <input type="checkbox"/> YES <input type="checkbox"/> NO                                      |                          |                          |                          |                          |

ADDITIONAL COMMENTS \_\_\_\_\_

Date \_\_\_\_\_ Signature of Company Representative \_\_\_\_\_

Title \_\_\_\_\_