



APPLICATION FOR EMPLOYMENT

Warwick Hills Golf & Country Club

DATE: \_\_\_\_\_

POSITION APPLYING FOR:  
\_\_\_\_\_

**APPLICANT INFORMATION**

Name (first, middle & last) :

Contact Number:

Email:

Address (street, city, state, zip) :

If necessary for the job, are you older than: \_\_\_\_ 14 \_\_\_\_ 15 \_\_\_\_ 16 \_\_\_\_ 18 \_\_\_\_ 19 \_\_\_\_ 21

Are you able to perform the essential functions of the position without accommodations? Y / N

If necessary for the job, I am able to work overtime: Y / N

Are you seeking a permanent position? Y / N

I will be able to report to work \_\_\_\_ days after being notified that I am hired.

Are you eligible for employment in the US? Y / N

Have you ever been convicted of a felony? Y / N

Are you a veteran? Y / N

If so, duty/specialized training:

**WORK HISTORY**

List the most recent employer first. Be sure all experience related to this job are listed here. No more than 10 years of history recommended.

Employer: Supervisor: Contact Info:	Position/Title/Duties/Skills:	Start Date: Reason for leaving:	End Date:
Employer: Supervisor: Contact Info:	Position/Title/Duties/Skills:	Start Date: Reason for leaving:	End Date:
Employer: Supervisor: Contact Info: Pay Per Hour:	Position/Title/Duties/Skills:	Start Date: Reason for leaving:	End Date:
Employer: Supervisor: Contact Info:	Position/Title/Duties/Skills:	Start Date: Reason for leaving:	End Date:

**AVAILABILITY** - PLEASE INDICATE TIMES YOU ARE AVAILABLE (IF NOT AVAILABLE, MARK WITH AN X)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

Special notes regarding availability:

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**EDUCATION**

	NAME OF ESTABLISHMENT	YEARS COMPLETED	DEGREE (IF ANY)
HIGH SCHOOL			
COLLEGE			
ADDITIONAL			

**SKILLS & QUALIFICATIONS**

Special skills, abilities, honors, additional skills:

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Computers, software, other equipment you are qualified to operate or repair:

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Professional licenses, certifications, registrations:

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**REFERENCES** *List three personal references who are not relatives or former supervisors*

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from the job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to supply proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

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Signature of Applicant

Date

*Equal Employment Opportunity: While many employers are required by Federal Law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race, and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.*



Warwick Hills

# AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below.

Your written authorization is necessary for completion of the application process.

I \_\_\_\_\_, hereby authorize Warwick Hills Golf & Country Club to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Warwick Hills Golf & Country Club may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that, in such a base, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address (Street, City, State, Zip)*

\_\_\_\_\_  
*Birthdate*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Email*