



StonyCreek Golf Club, Inc.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status. Employment at StonyCreek Golf Club is at-will and may be terminated by either party for any reason.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

Date Available: Social Security No.: Email:

Position Applied for: How did you hear of this opening:

If hired, can you submit verification of your legal right to work in the United States? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you looking for full time employment? YES NO If no, what hours are you available?

Are you looking for seasonal employment? YES NO If yes, what period of time are you available?

Are you willing to work as early as 6am? YES NO Are you willing to work as late as 10pm? YES NO

Please be aware that we require working weekend availability

How often do you use a computer? Daily Weekly Seldom Never

In addition to your work history, are there other skills, qualifications or experience that we should consider?:

Have you ever worked for this company? YES NO If yes, when?

Do you have a medical condition which would limit your capacity for the job applied for? YES NO

If yes, explain:

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Location: YES NO
 From: To: Did you graduate? Degree:

College: Location: YES NO
 From: To: Did you graduate? Degree:

Other: Location: YES NO
 From: To: Did you graduate? Degree:

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____