

Application for Employment



www.hawksviewgolfclub.com
info@hawksviewgolfclub.com

Personal Information

Full Name: _____ Social Security #: _____ - _____ - _____

Address: _____
Street Address City ZIP Code

Email: _____ Phone: _____

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Position Information

Position Applied For: _____

Date Available to Start: _____ Desired Salary: _____

How did you hear about us? _____

Would you accept another position? _____ If so, which one? _____

Do you have a valid Driver's License? Yes or No? _____

Are you over the age of 18? Yes or No? _____

Note: You must be over 18 to serve alcoholic beverages for relevant positions

Current Availability (AM to PM)

Note: This will be used to determine scheduling. All reasonable efforts will be made to accommodate schedules and religious beliefs or practices based on availability provided.

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____
_____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

Saturday: _____ Sunday: _____
_____ to _____ _____ to _____ If hired, how many hours per week? _____

Can you perform the essential duties of the job(s), such as lifting weight up to 50 pounds depending on your position? Yes or No?

Have you ever been subject to disciplinary action or investigation by an employer or professional organization? This disciplinary action for unexcused absences or tardiness. Yes or No?

The U.S Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella shigella, staphylococcus, streptococcus, giardia and camplobacter, may prevent you from handling or serving food in a sanitary and healthy fasion. An essential function of some of our jobs is serving and handling food in a sanitary and healthy fashion. Can you, with or without reasonable accomodations, perform thes essential function of this job? Yes or No?

Are you currently subject to a pending criminal charge for any misdemeanor or felony? Yes or No? _____

Note: This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. No applicant will be denied a position because of a pending criminal charge, which is not substantially related to the circumstances of the employment sought.

If yes, please provide details below:

Do you have reliable transportation to and from work? Yes or No? _____

Have you worked for us before? Yes or No? _____

Is additional information concerning a name change necessary to check work or employment records? Yes or No? _____ If yes, please explain below:

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Educational Background

Degree	Institution	Year of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you completed other education or training programs, or received professional memberships and / or certifications:

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Professional background (Starting with most recent)

Company Name _____ **Job Title** _____
Responsibilities & Accomplishments _____

Mo./Yr. Hired & Left _____ **Starting Wage \$** _____ **Final Wage \$** _____

Reason for Leaving _____

Company Name _____ **Job Title** _____
Responsibilities & Accomplishments _____

Mo./Yr. Hired & Left _____ **Starting Wage \$** _____ **Final Wage \$** _____

Reason for Leaving _____



Company Name _____ Job Title _____

Responsibilities & Accomplishments _____

Mo./Yr. Hired & Left _____ Starting Wage \$ _____ Final Wage \$ _____

Reason for Leaving _____

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References

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Emergency Contact

Name	Relationship	Phone Number
_____	_____	_____

By submitting this application, I certify that the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies, and agencies concerned, to provide this company and its agents with all information necessary to verify the statements I have made in this application, and I release them from any liability in doing so. I understand that I must receive satisfactory references from previous employers, co-workers, and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for immediate discharge. I understand that any offer of employment is contingent upon proving my identity and documenting my right to work. I understand that these policies cannot be changed except in writing.

Signature **Print Name** **Date**

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Office Use Only – Do Not Write Below This Line

Interviewed By: _____ Date: _____

Remarks: _____

Hired? Yes No Position: _____ Dept: _____

Salary / Wage: _____ Start Date: _____