



# Split Rock Golf Club

## APPLICATION FOR EMPLOYMENT

Please Print

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  
 Walk-In  Other \_\_\_\_\_

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Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

May we contact you at work?  YES  NO If yes, what is your work number ( ) \_\_\_\_\_

If you are under 18, can you furnish a work permit?  YES  NO

Have you filed an application here before?  YES  NO

Have you worked here before?  YES  NO If YES, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  
\*\*\*\*Proof of U.S. Citizenship or immigration status will be required upon employment.

Date available for work \_\_\_\_\_

Type of employment desired :  Full time  Part time  Seasonal  Educational Co-Op/Internship

Are you able to meet the attendance and other requirements of the position as set forth in the job description with or without reasonable accommodation?  YES  NO

DAYS/TIMES AVAILABLE: SUN \_\_\_\_\_ to \_\_\_\_\_ MON \_\_\_\_\_ to \_\_\_\_\_ TUES \_\_\_\_\_ to \_\_\_\_\_  
WED \_\_\_\_\_ to \_\_\_\_\_ THU \_\_\_\_\_ to \_\_\_\_\_ FRI \_\_\_\_\_ to \_\_\_\_\_ SAT \_\_\_\_\_ to \_\_\_\_\_

**\*\*\*\*Please note, weekends are the resort's busiest times and most positions require weekends.**

Will you work overtime if required?  YES  NO

Have you been convicted of a crime?  YES  NO

If YES, please explain (conviction may not automatically disqualify you): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Employment History**

List all prior employers. If you have more than four (4) prior employers, please write on separate paper. Please include military experience.

Explain any gaps in employment in comments section below.

Employer	Address
Job Title	Immediate Supervisor and Title
Dates Employed : From _____ To _____	
Hourly Rate/Salary : Starting \$ _____ per _____ Final \$ _____ per _____	
Reason for leaving	
May we contact references? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PHONE NUMBER: ( ) _____	

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Job Title	Immediate Supervisor and Title
Dates Employed : From _____ To _____	
Hourly Rate/Salary : Starting \$ _____ per _____ Final \$ _____ per _____	
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Dates Employed : From _____ To _____	
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May we contact references? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PHONE NUMBER: ( ) _____	

Have you ever worked on a Golf Course or at a Golf Club before : Y \_\_\_\_\_ or N \_\_\_\_\_

Do you have a knowledge of Golf in General : Y \_\_\_\_\_ or N \_\_\_\_\_

**Comments** (including explanation of any gaps in employment)

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**Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with our company. \_\_\_\_\_

**Educational Background**

List last three (3) schools attended starting with the last one.

School	No. of Years Completed	Degree or Diploma	GPA or Class Rank	Major	Minor

**References**

List name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous Supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone Number	Years Known
	( )	
	( )	
	( )	

I certify that all answers given by me are true, accurate and complete. I understand and agree upon that any misrepresentation or omission of information by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I understand that Employer will conduct a criminal background check on me pre-hire and if hired, reserves the right to conduct criminal background checks during my employment. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I agree to provide Employer with all information necessary to conduct the background check and I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that the Employer requires all employees to undergo and successfully pass a drug screen as a condition of employment and by submitting this Application, I hereby consent to same.

I agree that this application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, I understand it will be necessary to fill out a new application.

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