



PINNACLE GOLF CLUB

Application for Employment

_____ SEASONAL PART TIME FULL TIME _____
DESIRED POSITION DATE

FULL NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____ HOW LONG? _____
NUMBER & STREET CITY STATE ZIP YEARS MONTHS

PREVIOUS ADDRESS: _____ HOW LONG? _____
NUMBER & STREET CITY STATE ZIP YEARS MONTHS

PHONE NUMBER: _____ SOCIAL SECURITY #: _____

HAVE YOU EVER WORKED FOR PINACLE GOLF CLUB? YES NO

IF YES, PLEASE GIVE THE DATES & DETAILS:

HAVE YOU EVER PLEAD GUILTY, OR NO CONTEST TO, OR BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE GIVE THE DATES & DETAILS:

HAVE YOU EVER PLEAD GUILTY, OR NO CONTEST TO, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT WITHIN THE LAST (7) SEVEN YEARS? YES NO

IF YES, PLEASE GIVE THE DATES & DETAILS:

NOTE: Answering 'Yes' to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests / convictions which have been sealed or expunged in answering this question)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add an additional page if necessary)

_____ PRESENT/ LAST EMPLOYER	EMPLOYED FROM: _____ (MO / YR)	PAY: \$ _____ START	YOUR TITLE/ POSITION: _____ NAME & TITLE OF SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>EXACT REASON FOR LEAVING:</u>
_____ ADDRESS	TO: _____ (MO / YR)	\$ _____ FINAL	_____ CITY, STATE, ZIP CODE	
_____ PHONE NUMBER				

_____ PRESENT/ LAST EMPLOYER	EMPLOYED FROM: _____ (MO / YR)	PAY: \$ _____ START	YOUR TITLE/ POSITION: _____ NAME & TITLE OF SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>EXACT REASON FOR LEAVING:</u>
_____ ADDRESS	TO: _____ (MO / YR)	\$ _____ FINAL	_____ CITY, STATE, ZIP CODE	
_____ PHONE NUMBER				

_____ PRESENT/ LAST EMPLOYER	EMPLOYED FROM: _____ (MO / YR)	PAY: \$ _____ START	YOUR TITLE/ POSITION: _____ NAME & TITLE OF SUPERVISOR: _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>EXACT REASON FOR LEAVING:</u>
_____ ADDRESS	TO: _____ (MO / YR)	\$ _____ FINAL	_____ CITY, STATE, ZIP CODE	
_____ PHONE NUMBER				

ARE YOU A SON/ DAUGHTER OF A MEMBER OF PINNACLE GOLF CLUB? YES NO

IF YES, WHOM? _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

PLEASE EXPLAIN FULLY ANY **GAPS** IN YOUR EMPLOYMENT HISTORY:

MAY WE CONTACT YOUR CURRENT/ MOST RECENT EMPLOYER? YES NO

IF **NO**, PLEASE EXPLAIN:

PLEASE EXPLAIN ANY ACTUAL EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS THAT YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

HAVE YOU EVER USED ANOTHER NAME? YES NO

IS ANY ADDITIONAL INFORMATION RELATIVE TO YOUR NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? IF **YES**, PLEASE EXPLAIN:

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE? YES NO

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 16 YEARS OF AGE? YES NO

ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL DUTIES REQUIRED OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? YES NO

PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS (STREET, CITY, & STATE)	PHONE NUMBER	NUMBER OF YEARS KNOWN

EDUCATION HISTORY

SCHOOL NAME	YEARS COMPLETED (CIRCLE)	DIPLOMA/ DEGREE	MAJOR	SPECIALIZED SKILLS, TRAINING, EXPERIENCE, AND ACTIVITIES
ELEMENTARY:	4 5 6 7 8			
HIGH SCHOOL:	9 10 11 12			
COLLEGE/ UNIVERSITY:	1 2 3 4			
GRADUATE/ PROFESSIONAL:	1 2 3 4			
TRADE OR CORRESPONDENCE:				
OTHER:				

I authorize Pinnacle Golf Club (PGC) to obtain information about me from previous employers, educational institutions and other parties, to verify the accuracy of the information in this application, a related employment resume, or personal interview. I waive all rights and claims I may otherwise have against the employer or representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose. This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE