



Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			
	If you are under 18, and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - (state month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (state month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (state month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone
	Address	Employed - (state month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status and sexual preference.

What was your previous address?

How long at present address?

How long at previous address?

Have you ever been bonded? Yes No

If "Yes", with what employers?

Have you been convicted of a crime in the past excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?
 Yes No If "Yes", describe in full.

Have you ever pled "guilty" or "no contest" to a crime?
 Yes No If "Yes", describe in full.

State names of relatives and friends working for us, other than your spouse.

Driver's License Number (if driving is an essential job function).

State

SIGNATURE

I understand and agree that, if hired, my employment will be at will and that either I or Shaker Height Country Club may terminate the employment relationship for reasons I or they may not deem appropriate. I also understand and agree that only a written agreement expressly to the contrary signed by both me and the President of the Shaker Heights Country Club can alter this at will arrangement.

I hereby certify that all of the statements I have made in this application are true and accurate and that there have not been any misstatements, misrepresentations, or omissions. I understand and agree that should there be any misstatement, misrepresentation, or omission, the Shaker Heights Country Club may refuse to hire me or, if I have been hired, may terminate my employment immediately at any time.

I authorize investigation of all statements contained in this application, with the exception of contacting my present employer if I have so requested. I also authorize an inquiry into my background by all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and others to supply information concerning my previous employment, education, and statements I have made in this application. I authorize the references I have given to give representatives of the Shaker Heights Country Club any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result.

Date

Signature

EMPLOYER	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

EMPLOYEE	Test Administered	Raw Score	Rating	Analysis and Comments

INTERVIEWER	Interviewer Name and Comments