



Rolling Hills Country Club APPLICATION FOR EMPLOYMENT

Rolling Hills Country Club is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, disability or handicap, veteran status and/and any state and local protected status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street

_____ City State Zip Code

Position Sought _____ Full Time ___ Part Time

How did you learn of this opening? _____

Date Available _____ Salary Desired _____

Phone Number _____

E-Mail _____

Social Security Number _____

Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____

City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____

City/State _____

Major _____

Degrees Earned _____

Other Training or Degrees:

School(s) _____
City/State _____
Course _____
Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____
State of CT License Number _____
License Expiration Date _____

Other Professional Memberships

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS:

Data Entry/ MS Excel MS Access POS Other

Word Processing WordPerfect MS Word

Other _____

Other Software Skills _____

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT:

List last employer first, and include U.S. Military Service.

May we contact your present employer? Yes No

(It is our policy to verify your employment, especially your most recent and your military service)

If any employment was under a different name, indicate name: _____

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT No. of Hrs. _____

Reason for Leaving _____

=====

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT No. of Hrs. _____

Reason for Leaving _____

=====

Employer _____

Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

FT PT No. of Hrs. _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

REFERENCES:

In addition to your work references listed above, please provide contact information on others who can testify to your ability to do the job for which you are applying.

Professional

Name _____

Address _____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

Personal

Name _____

Address _____

Phone (____)_____

Name _____

Address _____

Phone (____)_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize **Rolling Hills Country Club (RHCC)** to verify their accuracy and to obtain reference information on my work performance. I hereby release RHCC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, false or inaccurate statements of any kind or omissions of facts called for on this application may be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the **Rolling Hills Country Club**. However, I further understand that neither the policies, rules, regulations of employment or anything said during the application and interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and is "at will" and that either I or the **Rolling Hills Country Club** may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date: _____

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment or promotion (or other employment decision), I understand and agree that certain background inquiries may be requested by **Rolling Hills Country Club** or on your behalf, that will seek information as to my character, work habits, including oral assessments of my job performance, experiences, and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background as well as workers' compensation injuries and other experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be a valid as the original. This release applies to all federal, state, county, and local agencies and authorities and I hereby recognize the validity of this release when application for information is made to any or all of these organizations.

Print Name _____

Soc. Sec. No. _____ Date of Birth _____

Driver License # _____ State _____

Current Address _____

City/State/Zip Code _____