



Hillcrest Country Club
APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____
 How did you find out about this job opening? _____
Were you referred by an HCC employee? Yes No **If yes, who?** _____
 Are you seeking: Full-time Part-time Temporary When could you start? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip _____

Email Address : _____

Are you 18 years of age or older? Yes No
 Are you 21 years of age or older? Yes No
 If you are hired, you may be required to submit proof of age
 Social Security Number _____
 If hired, can you furnish proof you are eligible to work in the U.S. Yes No

Have you ever applied here before? Yes No If yes, when? _____
 Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
 If yes, give details _____
 A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.

Are you now, or do you expect to be engaged in any other business or employment? Yes No
 If yes, please explain _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No
 Have you had your drivers license suspended or revoked in last 3 years? Yes No
 If yes, give details: _____

List professional, trade, business, or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status). _____

Hours Available	Sun	Mon	Tues	Wed	Thur	Fri	Sat
From							
To							

Total Hours Available per week: _____
 Do you prefer: Full-Time Part-Time
 Shifts Preferred: Days Nights

Are you willing to work overtime, when and as required? Yes No

LIST NAME AND ADDRESS OF SCHOOLS

	Number of	Diploma/	Subjects
	Years Completed	Degree/Certificate	Studied

High School or GED: _____
 College or University: _____
 Vocational or Technical: _____

List skills, training, machines, or equipment you can operate that are related to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	
Name of Employer		Job Title and Duties	
Address		Dates of Employment (Mo/Yr): FROM: TO:	
City, State, Zip Code		Pay: START: \$ FINAL: \$	
Supervisor	Telephone	Reason For Leaving	

Have you worked or attended school under any other name? _____ Yes No
 If yes, give names: _____

Are you presently employed? _____ Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? _____ Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers

Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure for the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements:

Signature _____ Date: _____

