

Great Lakes Seasonal Application for Employment At The Legacy by Arthur Hills Golf Club

Today's Date: ____/____/____

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Social Security Number
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Home Address	City	State	Zip
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Home Telephone () -	Business Telephone () -
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Position Applying For: _____	Days Available (check all that apply):
Salary Desired \$ _____/Hour	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday
Date Available : _____	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Are you interested in (check all that apply):	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	

If you are under 18 years of age, please state your date of birth: _____	
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How were you referred to Legacy Golf Club? _____

PERSON TO CONTACT IN AN EMERGENCY:	
Name	Phone Number () -

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (check one)
High School	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
College	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Graduate School	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Other	Name Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			

U. S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. citizen? YYes YNo If no, are you authorized by Immigration and Naturalization to work in the U.S.? Yes No
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(s) _____

Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain offense and final disposition:

EMPLOYMENT HISTORY

List employment starting with your most **recent** position. Account for any time during this period that you were unemployed by stating the nature of your activities. **May we contact your present employer?** __Yes __No **Past Employer?** __Yes __No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY or WAGES	REASON FOR LEAVING
From: ___/___/___ mo. yr.	Name City State Phone ()	Your Job Title Supervisor		Starting Final	
To: ___/___/___ mo. yr.					
From: ___/___/___ mo. yr.	Name City State Phone ()	Your Job Title Supervisor		Starting Final	
To: ___/___/___ mo. yr.					
From: ___/___/___ mo. yr.	Name City State Phone ()	Your Job Title Supervisor		Starting Final	
To: ___/___/___ mo. yr.					
From: ___/___/___ mo. yr.	Name City State Phone ()	Your Job Title Supervisor		Starting Final	
To: ___/___/___ mo. yr.					

REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone	Title	Years known

PLEASE READ CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Great Lakes Seasonal upon request and I release anyone so authorized, and such 3rd party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.

I understand that if I am made an "offer of employment" by Great Lakes Seasonal that offer may be made contingent on satisfactory results of a pre-employment drug screening.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules, regulations, policies and procedures of Great Lakes Seasonal

I understand and agree that if employed, the employment will be "at will". That is, either I or Great Lakes Seasonal may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Great Lakes Seasonal does not imply employment and that this application and/or any other Golf Course documents are not contracts of employment.

APPLICANTS SIGNATURE _____ DATE SIGNED _____