MOORLAND ROAD GOLF CENTER APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions <u>must</u> be answered.

Employer	Position applying for			
	OUTDOOR RANGE EMPLOYEE			
MOORLAND ROAD GOLF CENTER				
PERSONAL DATA				
Name (last, first, middle)				
Street Address and/or Mailing Address				
City, State, Zip				
Cellular Telephone Number				
Date you can start work				
POSITION INFORMATION				
Do you have work restrictions? Check those hours which you <u>cannot</u> work.				
<u>Weekdays</u>				
€ Afternoons				
€ Evenings				
Weekends				
€ Mornings				
€ Afternoons				
€ Evenings				
Explain further, if necessary:				
Driving is an essential part of the position, so our employees must have a valid driver's license.				
Do you have a valid driver's license?				

YES
NO

€ NO						
If so, please list what months, days and times there would be a conflict.						
QUALIFICATIONS PIG	ease list any education or training you feel relates t	o the position app	lied for that would help you			
perform the work, such as	schools, colleges, degrees, vocational or technical	programs, and mil	itary training.			
	School Name	Degree	Address/City/State			
School						
Other						
SPECIAL SKILLS List a	ny special skills or experience that you feel would l	nelp you in the pos	sition that you are applying for (golf			
ball picking, grass cutting, landscaping, equipment maintenance, small engine work, etc.)						
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and						
	ave three professional references, then list personal	1				
Name	Address/City/State	Phone	Relationship			

Are there any activities that would interfere with your ability to work?

€ YES

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)					
Current Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Name	Phone Number			
City	State Zip				
Duties:					
Reason for Leaving	Starting Wage	Ending Wage			
May we contact your current employer?					
€ YES					
€ NO					
€ N/A					
Previous Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Name	Phone Number			
City	State	Zip			
Duties:					
Reason for Leaving	Starting Wage	Ending Wage			
Previous Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)			
Company Name	Supervisor's Name	Phone Number			
City	State	Zip			
Duties:					
Reason for Leaving	Starting Wage	Ending Wage			

Previous Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)				
Company Name	Supervisor's Name Phone Number					
Duties:						
City	State	Zip				
Reason for Leaving	Starting Wage	Ending Wage				

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.



Applicant Signature