



Application for Vesper-Country Club

Vesper-Country Club considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applied for:	Today's Date
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How did you learn about Vesper Country Club?

- Advertisement Friend Inquiry
 Employment Agency Relative Other

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address	number	street
	city	state
	zip code	
Email	Phone Number	
	()	-

Best way to contact you : Phone or Email

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with Vesper Country Club before today? yes no

If yes, please give the date _____

Have you ever been employed at Vesper Country Club? yes no

Do any of your friends or relatives work at Vesper Country Club? yes no

If yes, state name, relationship and location

Are you currently employed? yes no

May we contact your present employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 yes no

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____

- Are you available to work: Full Time
 Part Time
 Temporary
 As Needed

EDUCATION

School	Name & Address of School	course of study	# of years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Vocational or other training				
Continuing Education				

WORK EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteers activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed:
	from	to	
Address			
Telephone	Hourly Rate/Salary		
Starting/Present Job Title	starting	final	
Reason for leaving			
Supervisor	Telephone #		May we contact employer? <input type="checkbox"/> yes <input type="checkbox"/> no

Employer	Dates Employed		Work Performed:
	from	to	
Address			
Telephone	Hourly Rate/Salary		
Starting/Present Job Title	starting	final	
Reason for leaving			
Supervisor	Telephone #		May we contact employer? <input type="checkbox"/> yes <input type="checkbox"/> no

Employer	Dates Employed		Work Performed:
	from	to	
Address			
Telephone	Hourly Rate/Salary		
Starting/Present Job Title	starting	final	
Reason for leaving			
Supervisor	Telephone #		May we contact employer? <input type="checkbox"/> yes <input type="checkbox"/> no

COMMENTS

Please include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related training received in the United States military.

List Professional, trade, business or civic activities and offices held. *You may exclude membership that would reveal age, disability, gender, national origin, race, religion, or other protected status.*

Other Qualifications - *Summarize special skills and qualifications from employment and other experience.*

PERSONAL / PROFESSIONAL REEFERENCES *Do not include family members or past supervisors.*

Name
Occupation
Telephone
Best time to call
of years known

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Occupation
Telephone
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APPLICANT'S STATEMENT

I certify that answers given here are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____