



Broken Top Club Application for Employment

Directions: type or print using blue or black ink. Signature on back page required.

Personal Information

Name: (Last)		(First)	(Middle)	Maiden Name:	Date of Application:
Mailing Address: (Street)			(City, State)	(Zip)	Day Phone ()
Home Address if Different From Above:			Alternate Phone ()	Evening Phone ()	
Have you been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Previous Employment:		Position:		Supervisor:
If hired, can you provide proof of legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of any criminal offense other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain: (A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness, nature of offense, time elapsed and rehabilitation will be taken into account.)					

Employment Desired

List Positions of Interest:	Check Employment Type Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal Full-Time <input type="checkbox"/> Seasonal Part-Time	Date Available:
Desired Wage Range:	Schedule Availability: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Other Schedule Considerations(Explain):	

Employment Record – List most recent employment first

Start Date:	End Date:	Final Position Title:	Final Wages	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Last Supervisor's Name:	Reason for Leaving:	
Employer Address: (Street)			(City, State)	(Zip)
Position Description:			Phone: ()	
Start Date:	End Date:	Final Position Title:	Final Wages	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Last Supervisor's Name:	Reason for Leaving:	
Employer Address: (Street)			(City, State)	(Zip)
Position Description:			Phone: ()	
Start Date:	End Date:	Final Position Title:	Final Wages	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Last Supervisor's Name:	Reason for Leaving:	
Employer Address: (Street)			(City, State)	(Zip)
Position Description:			Phone: ()	

Education & Training

College University Technical School	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree Diploma	Major Subject:	Name of School, City & State:
College University Technical School	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree Diploma	Major Subject:	Name of School, City & State:
High School Last Attended or GED	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree Diploma	Major Subject:	Name of School, City & State:
List golf skills, licenses, computer skills, equipment knowledge, clerical, restaurant, customer service, or other skills & training you consider relevant to employment with us:				
Professional organizations, industry related associations, honors, certifications and professional licenses you consider relevant to the position you are applying for:				

References

List three persons you will permit us to contact, who have knowledge of your work experience and/or education. These should not be relatives or personal friends.

Name & Title:	Relationship to Applicant:	Last Known Address:	Current Phone Number and/or Email Address:
Name & Title:	Relationship to Applicant:	Last Known Address:	Current Phone Number and/or Email Address:
Name & Title:	Relationship to Applicant:	Last Known Address:	Current Phone Number and/or Email Address:

Authorization

Application must be signed prior to submitting to Broken Top Club for consideration.

My signature indicates my promise that the information provided in this application and any accompanying documentation, is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I agree to immediately notify Broken Top Club if I should be convicted of a felony, or any crime involving dishonesty, breach of confidentiality, controlled substances, sexual misconduct, abuse or violence while my job application is pending, or during my employment, if hired. I agree to submit to drug testing as well as background checks, as part of the hiring process for certain positions with Broken Top Club; and will receive separate notice and release before any such test. I grant Broken Top Club or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application, and on my resume if provided, character information, general reputation, education and training certification. I hereby authorize and release from any legal liability all persons, schools and employers named in this application, to provide Broken Top Club with any information or opinion requested related to my potential employability. If hired, I understand that employment with Broken Top Club is at-will (for no definite period of time, and may be terminated at any time for any or no reason, with or without notice).

Applicant Signature _____

Date _____

Broken Top Club is an Equal Opportunity Employer

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status), age, veteran status, marital status or ex-offender status, or any other category protected by law.

Employment is contingent upon furnishing evidence of identity and employment eligibility in the United States.

Revised: 02.09.2015