

P E R S O N A L	ALL APPLICATIONS TO BE SUBMITTED IN PERSON			<i>The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, ancestry, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.</i>			
	ARROYO SECO GOLF						
	APPLICATION FOR EMPLOYMENT						
	Last Name	First	Middle			Date	
	Street Address					Home Telephone	
	City, State, Zip					Business Telephone	
	Have you ever applied for employment with us?						
	0 Yes 0 No If yes: Month and Year _____						
	Location _____						
	Position desired						
Are you available for full-time work?			Will you work overtime if asked?				
0 Yes 0 No If not, what hours can you work? _____			0 Yes 0 No				
If offered employment, can you provide proof of eligibility to work in the United States?			When will you be available to begin work?				
Other special training or skills (languages, machine operation, etc.)							
Have you ever been terminated or asked to resign from employment: 0 Yes 0 No If yes, please explain:							
Please provide the name and telephone number of an emergency contact:							

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				0 Yes 0 No	
	College				0 Yes 0 No	
	Business/Trade/ Technical				0 Yes 0 No	
	High School				0 Yes 0 No	

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion, national origin or any other characteristic protected by law.)</i>

EMPLOYMENT

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your present or most recent employer. Include all gaps in employment.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces?	If "Yes," in what Branch?
	0 Yes 0 No	

Describe any training received relevant to the position for which you are applying.

0	What was your previous address?	0 How long at present address? _____ years
		0 How long at previous address? _____ years
0	Have you ever been bonded? 0 Yes 0 No If "Yes," with what employers?	0 If you are under 18 years of age, can you provide proof of eligibility to work? 0 Yes 0 No 0 Not Applicable
0	State names of relatives and friends working for us.	
0	Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)? 0 Yes 0 No	

S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my termination.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the Company to continue to employ me in the future. I understand that employment with the Company is at-will, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the Company has the authority to make assurances to the contrary.	
	_____	_____
	Date	Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W	Interviewer Name and Comments	