



## Application for Employment

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Social Security #** \_\_\_\_\_

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientations, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS MUST BE ANSWERED.  
STATE "N/A" IF QUESTION IS NOT APPLICABLE

THIS IS A DRUG FREE WORKPLACE

# Personal Information

(PLEASE PRINT)

Date of Application \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Salary Expectation \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full-time  Part-time  Weekends  Seasonal

Times available for work (please indicate whether "a.m.," "p.m.," or "any")

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to us? \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, date/location \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Does your present employer know of your plans to change employment?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No If yes, explain: \_\_\_\_\_

How much time have you lost from work during the last 12 months? \_\_\_\_\_

Would you have steady transportation to work?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

(Proof of citizenship/immigratin status & identity is required upon employment.)

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation?

(Answering "yes" is not an automatic bar to employment.)

Yes  No If so, state date, court & place where offense(s) occurred \_\_\_\_\_

Do you hold a valid Driver's License?  Yes  No List State \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last 3 years? \_\_\_\_\_ If Yes, give date(s) and explanation \_\_\_\_\_

List three things that are important to you in a work environment 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

List three characteristics that best describe you 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

## Education Information

Schooling	Years Completed	Degree Rec. & Major Sub.	Name of School	Location	Did you Graduate?
Grammar or High School					
Trade Bus. Or Correspondence					
College					
Graduate School					

## Full Employment History

(Must be completed even when accompanied by a resume.)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

**A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.**

<b>Employer:</b>	<b>Dates Employed</b>		<b>Summary of Work Performed</b>
	<b>From (Mo/Yr)</b>	<b>To (Mo/Yr)</b>	
<b>Address: (Street, City and State)</b>	<b>Phone:</b>		
	<b>Hourly Rate/Salary</b>		
<b>Job Title:</b>	<b>Starting</b>	<b>Final</b>	
<b>Supervisor:</b>			

**Resigned**  **Terminated**  **State Reason:**

<b>Employer:</b>	<b>Dates Employed</b>		<b>Summary of Work Performed</b>
	<b>From (Mo/Yr)</b>	<b>To (Mo/Yr)</b>	
<b>Address: (Street, City and State)</b>	<b>Phone:</b>		
	<b>Hourly Rate/Salary</b>		
<b>Job Title:</b>	<b>Starting</b>	<b>Final</b>	
<b>Supervisor:</b>			

**Resigned**  **Terminated**  **State Reason:**

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<b>Address: (Street, City and State)</b>	<b>Phone:</b>		
	<b>Hourly Rate/Salary</b>		
<b>Job Title:</b>	<b>Starting</b>	<b>Final</b>	
<b>Supervisor:</b>			

**Resigned**  **Terminated**  **State Reason:**

If you need additional space to provide a full work history, you must request a separate sheet(s) of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

List professional, trade, business or civic activities and offices held: \_\_\_\_\_

List your hobbies/interests: \_\_\_\_\_

Computer skills (list programs and proficiency level): \_\_\_\_\_

What foreign languages do you speak, read and/or write? \_\_\_\_\_

Honors Received: \_\_\_\_\_

## Military Service

Branch of Service and Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties/Special Training		

Please read the following statements carefully, then sign and date the application.

I acknowledge and agree that if at any time I am subjected to any type of discrimination and/or harassment, I will contact the Management Staff immediately to obtain assistance in the resolution of such matters.

I understand that if my application is accepted that, in accordance with state statutes, employment with Green Oaks Country Club at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of Green Oaks Country Club. I further understand that my "at will" employment may be terminated at any time by myself or Green Oaks Country Club and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsification of any of the facts contained in this application shall be considered grounds for immediate dismissal. Further, I hereby give the company permission to investigate and verify the information on the application.

Additionally, I acknowledge that a valid driver's license is a condition of employment should my position require the operation of motor vehicles. I acknowledge that my employment could be terminated or the offer of work rescinded if it is discovered that I do not possess a valid driver's license.

Further, I acknowledge that I may be subject to a motor vehicle report (MVR), criminal record check, and credit report as part of the pre-employment process, and while I am employed at the company, should I be offered employment. If a review of my MVR reveals an unsatisfactory or high risk driving record I could be terminated or an offer of work rescinded. Furthermore, I acknowledge that my employer may take a negative employment action, up to an including dismissal, if my criminal record reveals a history which makes me unsuitable for continued employment. This will be done in conformity with the Fair Credit Reporting Act.

Finally, any prospective employee may be required to submit a drug screen test. A positive result to this test will result in the rescinding of an offer of employment, or termination after employment. The company may also

engage in random drug testing, testing based on probable cause, and testing in the event of a workplace injury or accident.

Green Oaks is deeply committed to providing a safe environment for all employees and customers. Therefore, we have made a commitment to engage in drug testing for all new hires. Accordingly, if you are offered employment at Green Oaks, you will be required to report for and participate in our new hire drug screen program. Drug testing may occur on either a random testing or probable cause basis. Where reasonable suspicion exists that the employee is under the influence of drugs and/or alcohol, or the employee is "involved" in an on-the-job accident, or violation of a safety rule or exhibiting behavior indicating such, the employer reserves the right to test employees for the presence of drugs and/or alcohol. "Involved" in an on-the-job accident or injury means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e. the person suspected of causing someone else to get hurt gets tested as well. This drug screening will occur at an approved site recognized in the state of Pennsylvania. You may be permitted to commence work prior to the receipt of the results. If the results of your drug screen shows the possession of illegal substance, your employment may be (1) terminated or (2) the offer of employment may be rescinded. If you are taking prescription medication that would be revealed in this drug screen, you are required to disclose the reason(s) for the taking of this medication. The results of your drug screen will be shared only with the individuals who have a legitimate right to know. We are committed to your privacy and you will be afforded a copy of the results.

Green Oaks Country Club is committed to keeping all employees and citizens safe. This includes risk of harm from lawfully prescribed medication. Employer reserves the right to request documentation from the prescribing healthcare provider to confirm that the respective employee is safe to perform their respective duties given the specific medications prescribed. As such, the employer reserves the right to request and receive information on the specific medications, including dosage and frequency taken by the respective employee. It is essential that all employees recognize the employer's dedication to privacy. However, if as a result of any medication a respective employee is taking there is a risk to the safety and/or wellness of an employee, a co-worker, a consumer or a member of the public, we believe it is our duty to confirm the employee is safe to perform their essential job functions.

If your position is considered safety-sensitive, you may be required to provide a healthcare provider statement from your prescribing physician indicating your ability to perform your job safely given your medication activity.

All employees are advised that any information obtained or received regarding the employee's health record, including but not limited to medications, will be held in the strictest of confidence and shared only with individuals who have a legitimate need to know.

Post-offer, employees may be required to take a physical examination.

I acknowledge that this application **does not constitute an offer of work**. If I am offered employment by Green Oaks, I acknowledge that the company is an at will employer. Accordingly, both the employee and the employer are free to terminate the employment relationship without cause or notice. There does not exist any contract or guarantee of employment.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**In case of emergency, I authorize you to notify:**

**Work Phone (       )**

**Home Phone (       )**