



Application for Employment
An Equal Opportunity Employer

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Referral Source? \_\_\_\_\_

Are you applying for full-time, part-time or temporary work? \_\_\_\_\_

Date available: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ If yes, work number: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

Have you worked under a different name before? If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime? If yes, state the crime(s) and date(s): \_\_\_\_\_

Are any felony charges pending against you? (If yes, please explain.) \_\_\_\_\_

What other employment or sideline business do you have? \_\_\_\_\_

Would you want to continue if employed by us? \_\_\_\_\_

Education

Table with 4 columns: Name and Location, Years Completed, Diploma/Degree, GPA. Rows include High School, Undergraduate School, Graduate/Professional School, and Business or Trade School.

References

Table with 3 columns: Name, Address, Phone

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**Employment History:**

*List below past and present employers, starting with your most recent employer. Include any job related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.*

Company Name and Address: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact him/her? \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason(s) for leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we contact him/her? \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Reason(s) for leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**Applicant Statement:**

I hereby affirm that the information provided in this application (and accompanying resume and other documents, if any) is true and complete. I also agree that any false information, misrepresentations, or omission—verbal or written—may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporations and other entities requesting or supplying such information and waive any right to notice of such disclosure.

Should I receive a conditional offer of employment, I agree to submit to a physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Mines Golf Course. I also understand that if I have a protected disability that affects my ability to perform the essential functions of the job I seek, I may ask the Mines Golf Course to attempt to make a reasonable accommodation for it. I must let the Mines Golf Course know of my need for accommodation as soon as possible.

I give my consent for the Mines Golf Course through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized management for appropriate review. If I am accepted for employment by the Mines Golf Course, I consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

I understand that all employees of the Mines Golf Course are employed on an at will basis and are subject to termination at any time, with or without prior notice, discipline, or warning, for any or no reason. No person other than the President of the Mines Golf Course has authority to offer employment for any specified period or to make any different agreement. No such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President. Without limiting the foregoing, I further understand that I am required to abide by all rules and

regulations of the Mines Golf Course, and to work the hours, days and shifts (either day or night) scheduled by the management of the department where I am employed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_