

## Traverse City Golf & Country Club

### APPLICATION FOR EMPLOYMENT

**Incomplete applications will not be considered.**

**To The Applicant:** We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets, your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Disabled applicants and employees may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 180 days of the date the applicant/employee knows or should know that an accommodation is needed. Failure to properly notify the company will preclude any claim that the employer failed to accommodate the applicant/employee.

#### PERSONAL DATA:

<b>First Name (legal):</b>	<b>Middle Name:</b>	<b>Last Name:</b>	
<b>Number and Street Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Telephone:</b>	<b>Mobile Telephone:</b>	<b>Email Address:</b>	

#### GENERAL DATA:

<b>Are you 18 years or older?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a U.S. citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you authorized to work in the United States?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you been previously employed here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, date(s):</b> <b>Supervisor Name(s):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you filed an application before? If yes, date(s):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List any friends or relatives working here:</b>	

#### EMPLOYMENT DESIRED:

<b>Position(s) Applied For:</b>	<b>Kind of Work Sought:</b>	<b>Salary/Hourly Wage Desired:</b>	<b>Available Start Date:</b>				
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						
<b>Please specify hours and days desired (Note: For hourly positions ONLY):*</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Start Time:</b>							
<b>End Time:</b>							

\*Days, hours, shifts vary depending on needs of business. Preferences are not guaranteed.

**EMPLOYMENT DATA: List last employer first.**

<b>Company Name:</b>	<b>City:</b>	<b>State:</b>
<b>Position Title:</b>	<b>Start <u>and</u> End Dates (mo/year):</b>	<b>Reason for Leaving:</b>
<b>Describe Responsibilities:</b>		
<b>Starting Salary/ Hourly Wage:</b>	<b>Ending Salary/ Hourly Wage:</b>	<b>May we contact this employer?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Supervisor's Full Name:</b>	<b>Supervisor's Position Title:</b>	<b>Supervisor's Phone Number:</b>

**Explain any period between positions:**

--

<b>Company Name:</b>	<b>City:</b>	<b>State:</b>
<b>Position Title:</b>	<b>Start <u>and</u> End Dates (mo/year):</b>	<b>Reason for Leaving:</b>
<b>Describe Responsibilities</b>		
<b>Starting Salary/Hourly Wage:</b>	<b>Ending Salary/ Hourly Wage:</b>	<b>May we contact this employer?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Supervisor's Full Name:</b>	<b>Supervisor's Position Title:</b>	<b>Supervisor's Phone Number:</b>

**Explain any period between positions:**

--

<b>Company Name:</b>	<b>City:</b>	<b>State:</b>
<b>Position Title:</b>	<b>Start <u>and</u> End Dates (mo/year):</b>	<b>Reason for Leaving:</b>
<b>Describe Responsibilities:</b>		
<b>Starting Salary/ Hourly Wage:</b>	<b>Ending Salary/ Hourly Wage:</b>	<b>May we contact this employer?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Supervisor's Full Name:</b>	<b>Supervisor's Position Title:</b>	<b>Supervisor's Phone Number:</b>

Note: If you wish to describe additional employment, attach the above information for each position on a separate piece of paper.

**EDUCATIONAL DATA:**

Education Type of School:	School Name and Location:	Graduated: (Yes, No, Currently Attending)	Diploma/Degree Title and Major:
High School			
College			
Graduate School			
Other (please specify):			

**REFERENCES: (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)**

Name:	Company:	Position Title and Relationship:	Years Known:	Telephone Number:
1.				
2.				
3.				

**MILITARY SERVICE RECORD:**

Have you had any experience in the Armed Forces of the United States or in a State National Guard? If yes, what branch? Rank at Discharge: _____ Date of Discharge: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the reserves? If yes, date obligation ends: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special/Technical Training: _____	

**ADDITIONAL INFORMATION:**

Have you ever been convicted of an ordinance violation, misdemeanor or felony within the last 10 years? If so, where, when and explain the nature of the offense. _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A conviction does not automatically disqualify an applicant.</i>	
Do you have a valid driver's license? License Number: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List professional, trade, business or civic activities and offices held, excluding groups, the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status.

---

---

State any additional information that you feel may be helpful to us in considering your application.

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

---

---

How did you hear about us?

**Authorization and Understanding:**

Upon the signing of this application, I represent that all the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the company and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the company relationship, with or without cause, at any time for any reason. I hereby authorize the company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the company during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the President of the company. I agree that any action or suit against the firm arising out of my employment, including but limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the company in which the company prevails, I will pay to the company any and all costs incurred by the company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

**Applicant Signature:**

**Date of Application:**

**Associate Signature:**

**Date of Hire:**

---

---

---

---