

ATLANTIC NATIONAL GOLF CLUB
Lake Worth, Florida

EMPLOYMENT APPLICATION

(Please Print or Type the Entire Application)

EQUAL OPPORTUNITY EMPLOYER STATEMENT

It is the policy and practice of Atlantic Nat'l GC to provide equal employment opportunities without regard to race, color, age, religion, sex, marital status, national origin, disability, veteran status, or disabled veteran. This policy relates to all phases of employment including, but not limited to, recruitment, placement, promotion, demotion, transfer, termination, rates of pay, or other forms of compensation, selection for training, conditions of employment, performance appraisals, discipline/counseling, and participation in Atlantic Nat'l GC employee activities.

PERSONAL DATA

Name _____ Social Security No. _____
Last First Middle/Maiden

Other names known as _____

Present Address _____ Yrs at this address _____
Street City County State Zip

Previous Address _____ Yrs at this address _____
Street City County State Zip

Home Telephone No. () _____ Cell Phone No. () _____

Type of position desired _____ Desired Salary \$ _____ Date Available to Work _____

Can you perform the essential functions of the job you are applying for? Yes ___ No ___

How did you learn about this position? (Circle One) Newspaper Walk In Referral Internet

If referral, name of person: _____

What type of work schedule do you prefer? Full Time ___ Part Time ___

What hours and days are you available to work? _____

Have you ever applied to Atlantic Nat'l GC before? No ___ Yes ___ If yes, when? _____

Have you ever worked for Atlantic Nat'l GC before? No ___ Yes ___ If yes, when? _____

Have you ever been convicted of or pleaded guilty or no contest to, or had adjudication withheld in connection with a felony or misdemeanor, including driving while under the influence of alcohol or drugs? No ___ Yes ___

Are you currently on probation? No ___ Yes ___ If yes to either, describe in full (including dates).

(NOTE: Convictions or guilty pleas or withheld adjudications are not an automatic disqualification of employment. All circumstances will be considered.)

Are you authorized to be employed in the United States? No ___ Yes ___ All offers of employment are contingent upon verification of employment eligibility under the provision of the Immigrant Reform and Control Act of 1986.

Are you at least 18 years of age? No ___ Yes ___ If less than 18 years of age, state current age: _____

EMPLOYMENT RECORD

List most recent employer first including military service. Include periods of unemployment. Please give accurate, complete employment record information. Insert additional sheets if necessary. **DO NOT INDICATE "SEE RESUME"**.

EMPLOYER NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ EMPLOYER PHONE NO.: _____ NAME OF SUPERVISOR: _____	EMPLOYED FROM (month/year): _____ EMPLOYED TO (month/year): _____ JOB TITLES/DUTIES: _____ _____ ANNUAL OR HOURLY SALARY: \$ _____ REASON FOR LEAVING: _____ _____
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EMPLOYER NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ EMPLOYER PHONE NO.: _____ NAME OF SUPERVISOR: _____	EMPLOYED FROM (month/year): _____ EMPLOYED TO (month/year): _____ JOB TITLES/DUTIES: _____ _____ ANNUAL OR HOURLY SALARY: \$ _____ REASON FOR LEAVING: _____ _____
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EMPLOYER NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ EMPLOYER PHONE NO.: _____ NAME OF SUPERVISOR: _____	EMPLOYED FROM (month/year): _____ EMPLOYED TO (month/year): _____ JOB TITLES/DUTIES: _____ _____ ANNUAL OR HOURLY SALARY: \$ _____ REASON FOR LEAVING: _____ _____
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If currently employed, why are you seeking a change in employment? _____	
If currently employed, may we contact your current employer now?	No _____ Yes _____
Have you ever been terminated or asked to resign from employment? No _____ Yes _____	
If yes, please explain: _____	

EDUCATION/TRAINING/JOB SKILLS

(Circle the highest grade completed)

- 1 2 3 4 5 6 7 8 9 10 11 12 (High School Graduate)
 13 / 14 (Technical/Vocational School)
 15 (College Freshman) 16 (College Sophomore)
 17 (College Junior)
 18 (Bachelor Degree)
 19 (Master Degree)
 20 (Ph.D.)

If NOT a high school graduate, do you have an equivalency diploma? No ____ Yes ____

Are you currently attending school? No ____ Yes ____ If yes, name educational institution: _____

Course of study: _____ Anticipated graduation/completion date: _____

TYPE OF SCHOOL	SCHOOL NAME	SCHOOL ADDRESS	COURSE OF STUDY	GRADUATED YES/NO
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
OTHER SCHOOL(S)				

List other training, special studies, and certificates you may have obtained:

List any professional, civic, and community organizations which you belong to that are relevant to the position you are applying:

List job skills you have acquired and equipment you can operate which pertains to the position you are applying. Include the length of experience.

What other qualifications, abilities and attributes do you have that will help you succeed in the position you are applying and at Atlantic Nat'l GC

If a requirement of the job for which you are applying:

Do you have a valid driver's license? Yes ____ No ____

If yes, record the State & License No. _____

Has your driver's license ever been suspended or revoked? Yes ____ No ____ If yes, explain in full:

REFERENCES

List three reference contacts (people who can attest to your abilities, experience and/or character).

NAME	COMPANY/POSITION	RELATIONSHIP TO YOU	PHONE
			()
			()
			()

ACKNOWLEDGEMENT

I hereby certify that all statements made by me on this application or any supplement document, or during any interviews or in connection with the required employment investigations are true, complete, and free of omission and, if not, will disqualify me from further consideration for employment or, if employed, will be cause for employment separation.

I authorize Atlantic Nat'l GC to conduct pre-placement background checks based, in part, upon the information supplied on my employment application and/or resume and interview process, and at any time during employment with Atlantic Nat'l GC. The background search may include, but will not be limited to, inquiries of prior employment, education, character, criminal conviction data, credit report, licensing verification, and driving record.

By way of my signature, I authorize previous employers, government agencies, credit agencies, schools, and/or persons named in my application/resume to release any information regarding my employment, character, education background, criminal record, and other information pertinent to employment.

I hereby release all companies, schools, government agencies, and persons from all liability for any damages for issuing this information. I further release, hold harmless, and indemnify Atlantic Nat'l GC from any liability resulting from inaccurate or incorrect data which may be received from any responding source of information.

I understand that, as part of the application process, I may be required to submit to a test for the illegal use of drugs and/or alcohol, and during the scope of employment if within the guidelines of the Drug Free Workplace Program. In addition, I understand that refusal to test or failure to pass a required drug and/or alcohol test will disqualify me from further consideration for employment for a designated period of time or if currently employed will be cause for employment separation.

I agree that, if I am employed, I will abide by all the written and implied policies, procedures, and practices of Atlantic Nat'l GC. I further understand that nobody at Atlantic Nat'l GC is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the General Manager of Atlantic Nat'l GC.

I understand that I must be an U.S. Citizen or a properly authorized alien to qualify for employment and provide verification of that status.

I understand that any employment with Atlantic Nat'l GC will not be for any fixed period of time and that, if employed, I may resign at any time for any reason and that the management of Atlantic Nat'l GC may terminate my employment at any time without notice for any reason. I further understand that any oral or written statements to the contrary may be considered invalid and should not be relied upon by me. Also, I acknowledge that this employment application and any other documents of Atlantic Nat'l GC are the property of Atlantic Nat'l GC and are not contracts of employment.

I understand this application will be considered current for twelve (12) months and that a new application must be completed for further consideration of employment after that time.

I acknowledge that I have read and understand the above statements.

Signature of Applicant

Date

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REFERENCE CHECK FORM

Applicant's Name:	Position Title Applied For:
Person Obtaining Reference:	Date of Inquiry:
CONTACT INFORMATION	
Contact Person:	Organization (if applicable)
Contact Number:	Contact Number:
Relationship to Applicant:	Years Knowing Applicant:
EMPLOYMENT REFERENCE	
Dates of Employment:	
Job Title:	
General Job Duties and Responsibilities:	
Quality and Quantity of Work:	
Skill Strengths:	
Areas of Needed Development:	
Dependability:	
Cooperation:	
Leadership Abilities:	
Work Ethics/Character:	
Reason for Termination:	
Eligible for Rehire:	
Do you feel the applicant is suited for the position as described?	
PERSONAL REFERENCE	
General knowledge of the applicant:	
Characteristics/attributes that may be required of the position:	
Additional Comments (use reverse side if space is needed)	