## **EMPLOYMENT APPLICATION**

The Jumping Brook Country Club is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

						1112.				
PERSONAL INFORMAT	ION: Please type or print cl	early.								
NAME: First, Middle, Last										
PRESENT ADDRESS:	Street		City		State	7	Zip Code			
MAILING ADDRESS IF I	DIFFERENT									
HOME TELEPHONE NU	ALTE	ERNATE TELEPHONE NUMBER								
EMPLOYMENT INFORM	MATION:									
Can you, if hired, submit verification of your legal right to work in the United States?  YES  NO  INITIAL										
Position desired: Second Choice:										
Do you desire: FULL TIN	ME PARTIME (	■ ON C	ALL U	EMPORA	.RY <b>⊔</b> Giv	e specif	ic dates:			
Are you willing to work: V	Veekends –YES □ NO □	Holidays –Y	ES 🗆 NO 🗖	Days -YI	ES 🗖 NO	☐ Nig	thts –YES 🔲 NO 🔲			
WORK EXPERIENCE: List most recent employment first. Check box if you do not want present employer(s) contacted										
NAME:	DYER		MO/YR	TITLE.		POSIT	ION			
NAME:		FROM:		TITLE:						
ADDRESS:		TO:		SUPERVISOR:						
PHONE: ( )		REASON FOR LEAVING:								
NAME:		FROM:		TITLE:						
ADDRESS:		TO:		SUPERVISOR:						
PHONE: ( )		REASON FOR LEAVING:								
NAME:		FROM:		TITLE:						
ADDRESS:		TO:		SUPERVISOR:						
			SOI ERVISOR.							
PHONE: ( ) NAME:		REASON FOR LEAVING: FROM:		TITLE:						
ADDRESS:		TO:		SUPERVISOR:						
PHONE: ( )		REASON FOR LEAVING:								
NAME:		FROM:		TITLE:						
ADDRESS:		TO:		SUPERVISOR:						
PHONE: ( )		REASON FOR LEAVING:								
EDUCATION:										
TYPE OF SCHOOL	NAME & ADDI	RESS	COURSES							
ELEMENTARY			MAJORED I	5 5	6 7	8 8	Degree YES □/NO □			
HIGH SCHOOL				1	2 3	4	YES □/NO □			
COLLEGE				1		4	YES □/NO □			
BUSINESS OR TRADE				1	2 3	4	YES □/NO □			

SPECIAL SKI	LLS OR TRAINING: (Only if applicable)							
List any training of	or job related skills, which should be considered:							
-								
OTHED DEDS	SONAL INFORMATION:							
	plied at Jumping Brook Country Club?	YES 🗆	NO 🗆	Year	Position			
-	een employed by Jumping Brook Country Club?	YES 🗆	NO □		Position			
-	legal age requirements to handle alcoholic beverages?	YES □	NO □	-	ears old? YES 🗆 NO 🗖			
Jumping Brook C	Country Club prohibits the employment of relatives in a reped by Jumping Brook Country Club:	orting relatio						
Are you able to p	erform the essential job function of the position for which	you are apply	ing?	YES □ NO □				
REFERENCES	S:							
List three persons	s to whom you are not related, who are qualified to judge y	our training o	r capabili	ties, that we may cont	tact.			
Name	Business or Oc			Years Known				
Home or Busines	s Address			_ Telephone Number	r ()			
Name	Business or Oc	cupation			Years Known			
Home or Busines	s Address			_ Telephone Number	r <u>(</u> )			
Name	meBusiness or Occupation				Years Known			
Home or Business Address				_ Telephone Number	r ()			
CED TIELC A T	TOY.							
APPLICANT: P	lease read the following carefully and initial all statements	hefore signir	g the ann	lication form				
	I authorize Jumping Brook Country Club to investigat those persons, schools, and employers named in this a needed to evaluate my qualification and release those per I declare that my answers to the questions in this applicant statements or omissions appearing on this or any other on to hire me, and if discovered after my employmed Jumping Brook Country Club, and will abide by such rule I understand that my employment is "at will" which me without cause, and with or without notice at any time, at Company has authority to enter into any agreement for the foregoing. I understand that the policies and proceed processes and proceed processes and proceed processes are understand that if I am employed by the Confindicated. I further agree that if employed, I will supply authorization to work in the United States as required by	application to errsons, school cation are true employment; int, may resultes and regul- erans that if ent the option of employment edures of the application and inpany, I will ply Jumping	provide s and emple to the become or put in term ations as a apployed, in feither the for any speciompand revision be required Brook Co	Jumping Brook Cour ployers from any liabi est of my knowledge rovided during the inter- ination. If employed may become effective my employment and control of time of ecompany or myself pecified period of time by are guidelines for the control of such policies and ed to be at my workst buntry Club with docu	and belief. I understand that any false erview process will be sufficient reason I, I will abide by the existing rules of while I am so employed.  Ompensation can be terminated, with or No one other than the President of the e, or to make any agreement contrary to the governance of employment and the d procedures.  Pation ready to start working at the time amentation concerning my identity and			
Signature				Date				