

DIAMOND HAWK GOLF COURSE

Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City			State			ZIP						
Phone			E-mail Address									
Date Available			Social Security No.			Desired Salary						
Position Applied for			Full Time <input type="checkbox"/>			Part Time <input type="checkbox"/>						
Are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you under 18 years of age? If yes, provide date of birth.			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Please circle the days you would be available to work. Enter hours on those days you would be available to work.						Mon _____		Tue _____		Wed _____		
Thu _____			Fri _____		Sat _____		Sun _____					
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when? Which supervisor?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
If hired, do you have reliable transportation to get to work? Explain. YES <input type="checkbox"/> NO <input type="checkbox"/>												
EDUCATION												
High School			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list names of three persons not related to you as references, whom you have known at least a year.</i>												
Full Name			Relationship									
Address			Phone									
Full Name			Relationship									
Address			Phone									
Full Name			Relationship									
Address			Phone									
IN CASE OF EMERGENCY, NOTIFY:												
Name						Phone						
Address						Relationship						

PREVIOUS EMPLOYMENT <i>(LIST FORMER EMPLOYERS - LAST ONE FIRST)</i>			
Company 1		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company 2		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company 3		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
<i>May we contact your past and/or present employers listed above? If needed, identify separately by Company number.</i>			
		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
Any unfulfilled obligations? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE
<ol style="list-style-type: none"> I authorize investigation of all statements contained on this application except where I have requested on this form that no investigation is to be made. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries. I understand that nothing contained in this employment application or in the granting of an interview is intended to, nor does it, create an employment contract between the Company and myself for either employment or the providing of any benefit. In the event that an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, and the Company retains the same right regarding the discontinuation of my employment.
Signature _____ Date _____

SERVER APPLICANTS ONLY
<p>If tip allocation is required, I, the undersigned, agree that allocating tips based upon hours worked per tipped employee reflects a good faith approximation of the actual distribution of income among the tipped employees in this establishment. <u>NOTE:</u> IRS rules require that the allocation method "reflect a good faith approximation of the actual distribution of tip income."</p>
Signature _____ Date _____