

NASSAU COUNTRY CLUB

Employment Application



APPLICANT INFORMATION

Last Name			First			M.I.	Date			
Street Address					Apartment/Unit #					
City				State			ZIP			
Phone				E-mail Address						
Date Available			Position Applied for			Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>		
Desired Salary						Are you employed at the present time?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? (If hired, verification will be required by law)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you of legal age to work?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		If NO, a work permit will be required				
Have you ever worked for Nassau Country Club?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		If so, when/what position?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, explain				

List any and all employees, presently employed, you know:

PREVIOUS EMPLOYMENT

Company					Address					
Job Title			Supervisor			Phone				
From	To		Starting Salary	\$		Ending Salary	\$			
Responsibilities										
Reason for Leaving										
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Address					
Job Title			Supervisor			Phone				
From	To		Starting Salary	\$		Ending Salary	\$			
Responsibilities										
Reason for Leaving										
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Address					
Job Title			Supervisor			Phone				
From	To		Starting Salary	\$		Ending Salary	\$			
Responsibilities										
Reason for Leaving										
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>				

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

SPECIAL QUALIFICATIONS/SKILLS

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list two professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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