

Memories.....
AT THE TRADITION GOLF CLUB

APPLICATION FOR EMPLOYMENT

Memories is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or local law.

PLEASE COMPLETE THE ENTIRE APPLICATION

_____, _____

(Last Name) (M.I) (First Name) (Prefix)

Permanent Address: (Street) (City) (State)

(_____) - _____ - _____ (_____) - _____ - _____

(Primary Contact) (Secondary Contact- if applicable)

(E- mail address)

Are you 18 years or older? YES_____ NO_____

Are you legally eligible for employment in the U.S? YES____
NO_____

Have you been convicted of a felony in the last 7 years?
YES____ NO_____ (If "yes", please list convictions below.)

EMPLOYMENT DESIRED

Date) (Position) (Desired Wage) (Start

Are you available; Full Time: ____ Part Time: ____

EDUCATION

	School Name	Years Completed	Did you graduate?	Degree Obtained
High School				
College 1				
College 2				
College 3				

EMPLOYMENT HISTORY

----- to -----

(Employer Name) (Dates Worked) (Reason
for leaving)

----- , -----
----- (Employer Address) (Town)
(State)

----- (____) - ----- - -----
----- (Supervisor Name) (Supervisor
Number) May we contact?

_____ to _____

 (Employer Name) (Dates Worked) (Reason
 for leaving)

 _____ , _____
 (Employer Address) (Town)
 (State)

_____ (____) - _____ - _____
 _____ (Supervisor Name) (Supervisor
 Number) May we contact?

_____ to _____

 (Employer Name) (Dates Worked) (Reason
 for leaving)

 _____ , _____
 (Employer Address) (Town)
 (State)

_____ (____) - _____ - _____
 _____ (Supervisor Name) (Supervisor
 Number) May we contact?

REFERENCES

	<u>NAME</u>	Phone Number	Relationship	Years Known
1.				
2.				
3.				

Applicant Statement I certify that all information I have provided in order to apply for and secure work with Seasons is

true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately terminate me from service, whenever it is discovered.

I expressly authorize, without reservation, Seasons, its representatives, employees or agents to contact and obtain information from all

	Lunch (Open- 4:00)	Dinner (4:00-Close)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Seasons, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Seasons does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from Seasons and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and Seasons reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of Seasons is authorized to make any assurances to the contrary.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTILL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date _____

AVAILABILITY

Please place an "x" in the boxes of the shifts that you CAN work.

Use this space below to provide any additional information you feel we should know such as: special abilities, certifications, or any medical issues that may affect you at work.