

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

			ESCENA GOLF CLUB		
sunrise golf		Ţ			
Name (Last , First)	Date				
Present Address	City	State	Zip		
Permanent Address	City	State	Zip		
Home Phone		Business or Cell Phone			
EMPLOYMENT DESIRED					
Position applying for		Date you can start	Salary desired		
PERSONAL INFORMATION					
Have you ever applied to or worked for our company before? ☐ Yes ☐ No					
Do you have any friends or relatives working for our company? Yes No		If yes, state name(s) and relationship			
Why are you applying for work with	our company?				
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)					
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?			☐ Yes ☐ No		
If no, describe the functions that	If no, describe the functions that cannot be performed				
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)					
If hired, would you have a relial	ble means of transportation to and	from work? Yes	☐ No		
We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale or doing so could create conflicts of interest.					
EDUCATION, TRAINING, AND EXPERIENCE					
High School Name	Address	City	State & zip		
College/University	Address	City	State & zip		
Vocational/Business School	Address	City	State & zip		

EMPLOYMENT HISTORY					
List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of					
	te this section even if attaching a resun	ne.	I 5		
Name of Employer	Type of Business	Your Supervisor's Name	Dates of Employment		
Address & Street	City	State & Zip	Telephone No.		
Your Position and Duties		Reason for Leaving			
May we contact this employer for a reference?		☐ Yes	☐ No		
Name of Employer	Type of Business	Your Supervisor's Name	Dates of Employment		
Address & Street	City	State & Zip	Telephone No.		
Your Position and Duties		Reason for Leaving			
May we contact this employer for a reference?		☐ Yes	☐ No		
		al page(s) if necessary.			
		RENCES			
•	•	ledge of your work performance w			
Name	Occupation	No. of Years Acquainted	Telephone No.		
Address & Street	City	State	Zip		
Name	Occupation	No. of Years Acquainted	Telephone No.		
Address & Street	City	State	Zip		
	Please read carefully, initial e	each paragraph and sign below:			
Initials Initia					
Date	Applicant's Signature				