

# PLUMAS PINES GOLF COURSE APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Salary Desired \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date available to begin work \_\_\_\_\_ Referred by \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If YES, when? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If YES, may we contact your employer? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses?  
If YES, please describe in full. \_\_\_\_\_

US Military Service? \_\_\_\_\_ Final Rank \_\_\_\_\_ Member of National Guard or Reserve? \_\_\_\_\_

## EDUCATION

	Name/Location of School	# Yrs. Attended	Graduate	Subjects
High School	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
College or	_____	_____	_____	_____
University	_____	_____	_____	_____
	_____	_____	_____	_____

Skills and special training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and/or activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS** *(List below last four employers, start with the most recent.)*

Business Name	Address	From - To	Final Salary	Position	Immediate Supervisor	Reason for Leaving
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**REFERENCES**

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that this application will be considered for a period of six (6) months from this date and will received no consideration thereafter unless it is renewed for another six-month period by letter or in person at the personnel office. Initial \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also understand that the successful completion of the pre-employment physical examination may be a condition of employment. Initial \_\_\_\_\_

I understand that a condition of employment with the company is successful completion of the required alcohol and/or drug testing. Initial \_\_\_\_\_

Further, I understand and agree that my employment is "at will" and for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time, without cause and without any previous notice by either the company or myself. Initial \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PERSONNEL DEPARTMENT**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired \_\_\_\_\_ Department \_\_\_\_\_ Position \_\_\_\_\_ Pay Rate \_\_\_\_\_

Approved \_\_\_\_\_ Title \_\_\_\_\_