

# EMPLOYMENT APPLICATION

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Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

First Name	Middle Name	Middle Name L		Last Name		
Address		_ City		State	Zip	
Cell Phone Text Messages?	Yes No	E-mail				
Position(s) applying for:						
What is your desired salary range or hourly rate of	f pay: \$		per _			
Referral source:	_ Have you ap	plied here before?	Yes	No If yes, giv	/e date:/_	/
Are you available to work; 🗅 Full Time 🗅 Part Tir	me 🛛 Seasonal	From//	to	_//		
Are you over the age of 21? Yes No	Are you eligi	ble to work in the l	Jnited St	ates? Yes	No	
Are you fluent in a foreign language ? Yes No	What languag	ge?				

# EDUCATION INFORMATION

Name and Location of School	Did you graduate? Degree / Certification
High School / GED	Yes No
Trade School	Yes No
College	Yes No
Graduate School	Yes No

#### SKILLS AND QUALIFICATIONS

Summarize experience, skills, special training, licenses, or certifications that may assist you in performing the position for which you are applying.

### REFERENCES

Please list name and telephone number of three professional references who are not related to you and that you have known for at least one year. Include at least one previous supervisor. Please provide the best telephone number to reach each contact.

Name	Company	Telephone	Relationship to You & Years Known		

#### **EMPLOYMENT HISTORY**

Please complete every space. Starting with your most recent employer, provide the following information:

Employer	Phone
AddressCr	ry state Zip
Date of Employment: From:// To://	Position Held
Supervisor:	May we contact for reference? Yes No Later
Starting Salary: \$ per Endin	g Salary: \$ per
Responsibilities:	
Reason for Leaving:	
What did you like most about your position?	
What did you like least about your position?	
Employer	Phone
Address STREET CT	TY STATE ZIP
STREET         CI           Date of Employment: From:         _/         To:         _/         I	
Supervisor:	May we contact for reference? Yes No Later
Starting Salary: \$ per End	ing Salary: \$ per
Responsibilities:	
Reason for Leaving:	
What did you like most about your position?	
What did you like least about your position?	

## EMPLOYMENT HISTORY (CONTINUED)

Phone				
May we contact	for reference?	Yes No La	ater	
Ending Salary: \$	per			
	CITYPosition Held May we contact Ending Salary: \$	CITY STATE Position Held May we contact for reference? Ending Salary: \$ per	CITY STATE ZIPPosition Held May we contact for reference? Yes No La Ending Salary: \$ per	

# MILITARY SERVICE RECORD

Branch of Service:

Discharge date: \_\_\_\_/\_\_\_/ Discharge Rank: \_\_\_\_\_

List any additional information you would like us to consider:

## STUDENTS

Please submit a copy of grades or a progress report with your application.



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# **APPLICATION STATEMENT**

## AUTHORIZATION

I understand that GreatLIFE Golf and Fitness, Affiliates and Related Companies is not making an employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize GreatLIFE Golf and Fitness to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, an other relevant information, if job-related. I give my full consent for all contacted individuals, including current or former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to GreatLIFE Golf and Fitness. I acknowledge that a facsimile or photocopy of this form is as valid as the original.

Offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. GreatLIFE Golf and Fitness may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back after hire date.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from GreatLIFE Golf and Fitness and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at GreatLIFE Golf and Fitness is "at will" and may be terminated by myself or by them at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of GreatLIFE Golf and Fitness has the authority to make any assurance to the contrary.

Signature:

Date: \_\_\_\_/\_\_\_/\_\_\_\_

For purposes of this document, a typed signature will serve as the official signature

## EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

Applicants are considered regardless of race, color, national origin, religion, gender, age, veteran status, disability, or any other legally protected status, federal, state or local. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to the application and/or interview process should contact the human resource representative. Application 04.2017