

Long Beach Country Club Application Form

We consider applicants for all positions regardless of race, color, religion. Creed, greed, national origin, age, disability, veteran status, or any other legally protected status.

Please print all information requested except signature.

DATE:

Name:				
<i>Last, First, Middle, Maiden</i>				
Present address:				
<i>Number Street, City, State, Zip</i>				
Telephone:		Social Security No.:		
Best time to contact you:				
		Days/hours available to work:		
Position applied for:		Mon:	Thur:	
Salary desired:		Tues:	Fri:	
How many hours can you work weekly?		Wed:	Sat:	
Can you work nights, holidays and weekends? <input type="checkbox"/> No <input type="checkbox"/> Yes			Sun:	
Employment desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PART-TIME				
Date available for work:				
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes		May we contact present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> No <input type="checkbox"/> Yes				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<i>If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:</i>				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> No <input type="checkbox"/> Yes				
<i>Proof of citizenship will be required upon employment.</i>				
	NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	Diploma or Degree
High School				
College				
Business or Trade School				
Professional School				
Please list two references other than relatives or previous employers.				
Name:				
Position:				
Company:				
Address:				
Telephone:				
Best time to call:				
Name:				
Position:				
Company:				
Address:				
Telephone:				
Best time to Call:				

Please list your work experience for the past five years beginning with your most recent job held.

Name of employer:	Name of last supervisor:
Address:	
Telephone:	
Employment dates	Your last job title:
From:	Start pay rate:
To:	End pay rate:
Reason for leaving (be specific):	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Name of employer:	Name of last supervisor:
Address:	
Telephone:	
Employment dates	Your last job title:
From:	Start pay rate:
To:	End pay rate:
Reason for leaving (be specific):	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Name of employer:	Name of last supervisor:
Address:	
Telephone:	
Employment dates	Your last job title:
From:	Start pay rate:
To:	End pay rate:
Reason for leaving (be specific):	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

*An application form sometimes makes it difficult for an individual to adequately summarize a complete background.
Summarize special job-related skills and qualifications acquired from employment and other experience.*

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age disability or other protected status.

State any additional information you feel may be helpful in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE JOB REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? No Yes

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as ay be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date