

AOCC EMPLOYMENT APPLICATION

Please complete and submit this application if you would like to be employed at Avon Oaks Country Club. Avon Oaks does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number		Driver's License No./Issuing State	Date of Birth
Position Applying For	Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract		
When Are You Available to Begin Work?		Will You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify		Telephone	Name of Nearest Relative Telephone

EDUCATION

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

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Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date