



## APPLICATION FOR EMPLOYMENT

All portions of this application pertaining to you must be completed. The company, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, physical or mental handicap or arrest record, weight or marital status.

**PERSONAL INFORMATION**

Name  DATE   
 Last First Middle Social Security #

**Present Address**

Address City State Zip

**Phone number**

Are you 18 years or older? Yes  No

Birthdate \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position

Date you can start

Salary

Are you employed now? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a Felony? YES \_\_\_\_\_ NO \_\_\_\_\_

EDUCATION	Name and Location of School	# of	Did you	Subjects Studied
		Years	graduate?	
Grammar School				
High School				
College				
Trade or Business school				

Are you a U.S. Citizen Yes\_\_\_ No\_\_\_ If not are you an authorized Alien? Yes\_\_\_ No\_\_\_ If no, you must verify under the provisions of the immigration reform and control act and if you cannot, any offer of employment will be rescinded.

Is any additional information relative to a different name necessary to check your work record?

Yes\_\_\_ No\_\_\_ If yes, please explain

Do you have access to your own car? Yes\_\_\_ No\_\_\_ If no how do you intend to get to work?

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### EMPLOYMENT HISTORY

<b>Present or most recent employer</b>	<b>Nature of business</b>	<b>Address</b>
<b>Date Started</b>	<b>Starting Salary/Wage</b>	<b>Starting position</b>
<b>Date Ended</b>	<b>Ending Salary/Wage</b>	<b>Position at leaving</b>
<b>Name and Title of Supervisor</b>	<b>Business phone #</b>	<b>Reason for leaving</b>

**Brief Description of your responsibilities:**

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<b>Name and Title of Supervisor</b>	<b>Business phone #</b>	<b>Reason for leaving</b>

**Brief Description of your responsibilities:**

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**MILITARY SERVICE DATA**

SERVICE BRANCH	DURATION OF ACTIVE SERVICE	HIGHEST RANK ACHIEVED
DUTIES IN SERVICE		
MILITARY SERVICE SCHOOLS	OTHER MILITARY TRAINING	

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN 1 YEAR.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS AQUAINTED</u>

Were you referred to Edgewood Country Club? If so, by whom? \_\_\_\_\_

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES  NO   
 IF YES, WHAT CAN BE DONE TO ACCOMODATE YOUR LIMITATION?

PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

**READ THESE PARAGRAPHS:**

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application as to any detail is grounds for disqualification from further consideration of for dismissal from employment.

I understand that if employed, my employment is "at will," that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or any representative of the company has any authority to enter into any agreement for employment. Any representation, verbal or written, contrary to the company's "at will" policy is null, void and without legal effect.

I hereby authorize Edgewood Country Club to make any investigation and inquiry into my personal, employment, financial, medical or other history, and such other matters as Edgewood Country Club may decide are necessary in arriving at a decision as to my employment with Edgewood Country Club I hereby authorize any and all employers, schools, cooperation's or persons, including any physician, to release such information, including medical information, as is requested by Edgewood Country Club and specifically release such entities from all liability, in tort, contract or otherwise, for responding to inquiries and releasing such information regarding my personal employment, financial, medical or other history, whether such response be verbal or written I further release Edgewood Country Club and any shareholders and employees from any liability in the event such information (or any information in any way related to my employment, if I am employed by Edgewood Country Club) is published or otherwise made public I specifically waive notice provided for under MCL 423.506.

\_\_\_\_\_  
Authorization signature of applicant

\_\_\_\_\_  
Date