

ALTADENA TOWN & COUNTRY CLUB

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive equal opportunity for employment without regard to race, religion, age, gender, color, national origin, sexual orientation, veteran status, disability, ancestry, pregnancy, or marital status as prescribed by law.

PLEASE PRINT IN INK AND ANSWER ALL QUESTIONS COMPLETELY					DATE OF APPLICATION		
PERSONAL							
LAST NAME	FIRST	MIDDLE INITIAL	SOC. SEC. NO.		HOME PHONE		
CELL PHONE			EMAIL				
STREET ADDRESS		APT.#	CITY		STATE	ZIP	
DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, who?) _____							
ARE YOU ANTICIPATING ABSENCES OF ANY DURATION AWAY FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain on supplemental form)							
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ALTADENA TOWN & COUNTRY CLUB? IF YES, WHEN?							
DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF HIRED, PROOF OF A LAWFUL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED.					DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE # AND STATE		
DO YOU HAVE ANY RESPONSIBILITIES, COMMITMENTS OR ACTIVITIES THAT WOULD PREVENT YOU FROM: WORKING OVER TIME? <input type="checkbox"/> NO <input type="checkbox"/> YES					WORKING SPECIFIC WORK SCHEDULES? <input type="checkbox"/> NO <input type="checkbox"/> YES		
IF HIRED, CAN YOU FURNISH PROOF OF AGE? (Work permits may be required prior to hiring) <input type="checkbox"/> NO <input type="checkbox"/> YES		DATE AVAILABLE TO START?		AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY/ DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain on supplemental form)			
HOW WERE YOU REFERRED?		POSITION DESIRED		IF HIRED, WILL YOU ASSUME RESPONSIBILITY FOR ARRANGING TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> NO <input type="checkbox"/> YES							
EDUCATION							
HIGH SCHOOL					GRADUATED <input type="checkbox"/> NO <input type="checkbox"/> YES		
COLLEGE / BUSINESS OR TRADE SCHOOL	CIRCLE YEARS COMPLETED	UNITS CREDIT	FROM MO/YR	TO MO/YR	DEGREE EARNED	MAJOR	G.P.A.
	1 2 3 4						
HONORS AND AWARDS			PROFESSIONAL DESIGNATIONS				
MILITARY							
HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:			IF YES, GIVE DATES FROM: TO:			FINAL RANK	
DESCRIBE YOUR DUTIES:							
SKILLS							
TYPING SPEED (WPM):	SOFTWARE APPLICATIONS:						
ADDITIONAL INFORMATION							
HAVE YOU USED ANY NAME OTHER THAN WHAT YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, list name(s) you've used):							

ALTADENA TOWN & COUNTRY CLUB, 2290 COUNTRY CLUB DRIVE, ALTADENA, CA 91001
AN EQUAL OPPORTUNITY EMPLOYER
(OVER)

EMPLOYMENT HISTORY— List all employment and periods of unemployment. Additional employment history or explanation to be provided on supplemental form.

1.	COMPANY (please start with most recent position) (May we contact?) <input type="checkbox"/> NO <input type="checkbox"/> YES	JOB TITLE:
	ADDRESS CITY STATE ZIP	DUTIES SUMMARY:
	SUPERVISOR PHONE APPROX. NUMBER DAYS ABSENT EACH YEAR OTHER THAN VACATION	
	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REASON FOR LEAVING:	
	DATES OF EMPLOYMENT (Month and Year) From: To:	
2.	COMPANY (please start with most recent position) (May we contact?) <input type="checkbox"/> NO <input type="checkbox"/> YES	JOB TITLE:
	ADDRESS CITY STATE ZIP	DUTIES SUMMARY:
	SUPERVISOR PHONE APPROX. NUMBER DAYS ABSENT EACH YEAR OTHER THAN VACATION	
	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REASON FOR LEAVING:	
	DATES OF EMPLOYMENT (Month and Year) From: To:	
3.	COMPANY (please start with most recent position) (May we contact?) <input type="checkbox"/> NO <input type="checkbox"/> YES	JOB TITLE:
	ADDRESS CITY STATE ZIP	DUTIES SUMMARY:
	SUPERVISOR PHONE APPROX. NUMBER DAYS ABSENT EACH YEAR OTHER THAN VACATION	
	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REASON FOR LEAVING:	
	DATES OF EMPLOYMENT (Month and Year) From: To:	

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:

1. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory response to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a background check.

APPLICANT'S SIGNATURE: _____ DATE: _____