

Save to your device. Fill out. Email to manager@halifaxplantation.com

HALIFAX PLANTATION GOLF CLUB PRELIMINARY EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable time.

1. Please read "APPLICANT NOTE" Complete both sides of this form.
2. If more space is needed to complete any questions, use comments section of the back.
3. Print clearly; incomplete or illegible applications will not be processed.
4. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

Last _____ First _____ M.I. _____

Date _____ Social Security Number _____ Home number _____ Cell _____

Current Address _____

Street City State Zip

APPLICATION NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

Which position are you applying? _____

What date can you start? _____ What category would you prefer? Full Time Part time Temp

For which schedules are you available? Weekdays Weekends Evenings

EDUCATION

Name City/State Graduate? Degree

High School _____

College _____

SECURITY - List states and counties of residence for the past seven years.

Yes ___ No ___ Have you used any names or social Security Numbers other than those on this page? If so please list on back.

Yes ___ No ___ Have you been convicted, pled guilty or plea-bargained to a crime within the last 7 years? If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction)

Incident City/State Charges

JOB-RELATED SKILLS

Yes ___ No ___ If the job requires, do you have the appropriate valid drivers License?

DL# _____ Type _____ State of Issue _____

Yes ___ No ___ Have you had any moving violations? Please Describe _____

Yes ___ No ___ Have you been given a job description or had the requirements of the job explained to you?

Yes ___ No ___ Do you understand these requirements?

Yes ___ No ___ Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT REFERENCES

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need.

MOST RECENT EMPLOYER;

Yes ___ No ___ Are you currently working for this employer? ___ Yes ___ No If yes, may we contact? _____

Company Name _____

City/State _____ Phone Number _____

From _____ To _____ Job Title _____ Supervisors Name _____

Dates Employed

Duties _____

_____ Per _____

Salary (Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER:

Company Name _____

City/State _____ Phone Number _____

From _____ To _____ Job Title _____ Supervisors Name _____

Dates Employed

Duties _____

_____ Per _____

Salary (Hour, Week, Month) Reason for Leaving

THIRD MOST RECENT EMPLOYER:

Company Name _____

City/State _____ Phone Number _____

From _____ To _____ Job Title _____ Supervisors Name _____

Dates Employed

Duties _____

_____ Per _____

Salary (Hour, Week, Month) Reason for Leaving

REFERENCES - Include only individuals familiar with your work ability. Do not include relatives.

NAME ADDRESS/ PHONE YEARS KNOWN/RELATIONSHIP

COMMENTS _____

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

RELEASE/AUTHORIZATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that my false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for and damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

X _____ X _____

Type full name

Date