



# Employment Application

Equal Opportunity Employer

## INSTRUCTIONS

(If you need help in filling out this application form, please notify us so that we can try to accommodate your needs.)

1. Please read "Application Information."
2. Complete all pages of this form; please print clearly.

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 16 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

## APPLICANT INFORMATION

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. All qualified applicants will receive consideration without discrimination based on gender, marital status, race, religion, age, creed, national origin, or status as a qualified individual with a disability. A felony conviction will be considered but will not necessarily bar an applicant from employment. After a conditional offer of employment, and prior to reporting to work, you may be required to submit to a medical review and be examined by a medical professional designated by the Company.

I certify that I have read and understand the **APPLICANT INFORMATION** paragraph on this form and that the answers and statements given by me on this application are complete and true to the best of my knowledge and belief. I understand that employment with Landscapes Golf Management, if offered, will be at-will and may be terminated at any time for any reason, with or without notice or cause, by me or by Landscapes Golf Management. I also understand that this arrangement may be changed only in writing, which is signed by the President of Landscapes Golf Management. I understand that, if employed, I may from time to time receive wage increases, promotion, disciplinary action, performance evaluations, and the like, and that none of this is intended to alter the at-will nature of my employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position applying for:** \_\_\_\_\_ **Date available for work:** \_\_\_\_\_

(Your application will be considered for this position only. If you wish to be considered in the future, please reapply.)

Can you perform the functions of the job you are applying for: \_\_\_\_\_ Yes \_\_\_\_\_ No (You may be asked to describe or demonstrate how you will be able to perform the functions of this job with or without reasonable accommodations.)

Can you lawfully work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No (Proof of lawful work status will be required upon employment. (i.e. valid driver's license, social security card, permanent resident card, employment authorization document, etc)

Circle Highest Grade Completed: 7 8 9 10 11 12 13 14 15 16 16+

	City, State	Graduated		Major
High School _____	_____	Y	N	_____
College _____	_____	Y	N	_____
Other _____	_____	Y	N	_____

## EMPLOYMENT REFERENCES

Your application may not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**Most Recent Employer:** Are you currently working for this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, may we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Company Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

### Second Most Recent Employer:

\_\_\_\_\_  
Company Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

## OTHER REFERENCES

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

Name	Address/Phone	Years known/Relationship
1. _____	_____	_____
2. _____	_____	_____

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company: \_\_\_\_\_

Have you ever applied to Landscapes Golf Management before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by Landscapes Golf Management before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

## RELEASE REGARDING INFORMATION

I authorize Landscapes Golf Management and/or its agents, including consumer reporting bureaus, to verify any of the information I have given in my application for employment including, but no limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_