



Shoreline Golf Links
EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date Last Name First Name MI

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(____)____-____ (____)____-____
Business Phone Home Phone

EMPLOYMENT DESIRED

Position applying for: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Shoreline Golf Links before? Yes No
If yes, when? _____

Do you have any friends or relatives working for Shoreline Golf Links ? Yes No
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

EDUCATION, TRAINING, AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
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High School	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	

College	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	

Vocational/ Business	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. Complete this section even if attaching a resume.

_____	(____) _____ - _____
Name of Employer	Phone No.
_____	_____
Type of Business	Supervisor's Name
_____	_____ - _____
Address and Street	City State Zip

Employment History, continued

Dates of Employment _____ **Weekly Pay:** _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ----- Yes No

Name of Employer (____) _____ - _____
Phone No.

Type of Business Supervisor's Name

Address and Street City State Zip - _____

Dates of Employment _____ **Weekly Pay:** _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ----- Yes No

Name of Employer (____) _____ - _____
Phone No.

Type of Business Supervisor's Name

Address and Street City State Zip - _____

Dates of Employment _____ **Weekly Pay:** _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ----- Yes No

REFERENCES

List below three individuals not related to you who have knowledge of your work performance within the last three years.

_____ (____) _____
First Name Last Name Phone No.

Occupation No. of Years Acquainted

References, continued

_____ (____) _____
First Name Last Name Phone No.

Occupation No. of Years Acquainted

_____ (____) _____
First Name Last Name Phone No.

Occupation No. of Years Acquainted

Please Read, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Shoreline Golf Links to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and , further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving my prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date Applicant's Signature