



**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
--------	------------------	------------------------	-------------------	-------------------

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

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

<b>Vocational/ Business</b>	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**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials 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.

\_\_\_\_\_ I hereby authorize Shoreline Golf Links to thoroughly investigate my references, work record, education  
Initials 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.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be  
Initials 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.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil  
Initials 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.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date