

# APPLICATION FOR EMPLOYMENT

SCOTT LAKE GOLF AND PRACTICE CENTER – EQUAL OPPORTUNITY EMPLOYER

## SCOTT LAKE DISCLAIMER

- THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.
- ALL EMPLOYMENT AT SCOTT LAKE GOLF AND PRACTICE CENTER IS EMPLOYMENT AT- WILL STATUS.
- ALL APPLICATIONS WILL REMAIN ON FILE FOR ONE YEAR.

## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/ Unit #
City	State		Zip
Phone			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 or Older?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your date of birth?			

## EDUCATION

High School	City	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College	City	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

## Reference

Name	Phone	Relationship
------	-------	--------------

## Previous Employment

Company	From To	Duties	Wage	Reason for Leaving
---------	------------	--------	------	--------------------

## Availability

List hours available to work per week  Check here if available anytime

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours a week would you like to work?

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree that I shall not file a claim, lawsuit, charge or cause of action of any kind arising out of my employment with the employer or the termination of my employment any later than the 180<sup>th</sup> day after my termination and that my agreement to shorten any applicable statute or limitations under any state or federal law is without prejudice to my rights to bring any such claim should I so choose. Upon hire, I agree that this application forms a binding contract of the terms above between myself and the employer. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I agree to conform to the rules and regulations of the employer and that my employment and compensation can be terminated at any time with or without cause, at the option of either the company or myself.

Signature	Date
-----------	------