



APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, veteran's status, national origin, ancestry, age or handicap. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For: _____

Referral: Advertisement Friend Relative Walk-In Agency

Other _____

Name: _____

Address: _____

Telephone: () _____

Are you under 18? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No _____ If Yes, give date:

Have you been employed here before? Yes No If Yes, give date: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Do you have the legal right to work in the United States? Yes No

(According to Federal Law, work authorization documentation will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Overtime

Are you on layoff and subject to recall? Yes No

Can you travel if a job requires it? Yes No

(REV 11/10)

Are you a veteran of U.S. Military Service? Yes No

If Yes, which branch? _____

Please describe any special skills or training acquired while in the service.

Indicate what foreign languages you speak, read and/or write (Optional – Answer only if your knowledge of a foreign language is related to the requirements of the position for which you are applying.)

SPEAK: _____

READ: _____

WRITE: _____

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1) _____

2) _____

3) _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer (1)	Dates Employed	
	From	To
Address		
Job Title	Work Performed:	
Supervisor		
Reason for Leaving		

EMPLOYMENT EXPERIENCE (CONTINUED)

Employer (2)	Dates Employed	
	From	To
Address		
Job Title	Work Performed:	
Supervisor		
Reason for Leaving		
Employer (3)	Dates Employed	
	From	To
Address		
Job Title	Work Performed:	
Supervisor		
Reason for Leaving		
Employer (4)	Dates Employed	
	From	To
Address		
Job Title	Work Performed:	
Supervisor		
Reason for Leaving		
Employer (5)	Dates Employed	
	From	To
Address		
Job Title	Work Performed:	
Supervisor		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (Circle)		1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: _____

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agent or representatives of this company/organization.**

AGREEMENT:

I certify that the information on this application is true, complete and correct. I authorize Cyprian Keyes Golf Club to investigate my past employment, education and activities and I release from all liability all persons, companies, and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant: _____ Date: _____

For Human Resources Use Only	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	_____
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment	_____
Job Title	_____
Hourly Rate/Salary	_____
Department	_____
Authorized By (name & title):	_____
Date	_____