

POSITION APPLIED FOR _____

Application for Employment

MAKRAY MEMORIAL GOLF CLUB

Statement of Values

*Makray Memorial Golf Club is a company that believes in
“Old Fashioned” service, quality, and prices.*

This is a family owned and operated business where the guest always comes first and that every effort will be made to exceed their expectations from the time they enter the property whether they are playing golf, dining or celebrating an event in our banquet facilities.

Dear Applicant:

Welcome to MAKRAY MEMORIAL GOLF CLUB. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, marital status, national origin, age, disability, or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date _____ / _____ / _____

How did you find out about this job? Newspaper Employee Walk-in Relative other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____

City / State / Zip _____ Phone (____) _____

Are you at least 18 years old? _____

If you are under 18 years of age, can you furnish a work permit? _____

If the job you are applying for requires driving: Driver's License No. _____ State _____

Expiration Date _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. _____

(NOTE: A yes response does not automatically disqualify your application)

List any special skills or training: _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or relatives employed by this company: _____ Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? _____

Education (Circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 College: 1 2 3 4 5 6 7 8

Name of School: _____ Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes _____ No _____

Degree & Major: _____ If yes, identify program and school: _____

Minor: _____

Work History

(Please begin with most recent. All information must be completed. You may attach a resume, but not in place of completing the required information)

1. Company _____ Phone No. With Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title Supervisor's Name & Title _____ Describe duties briefly: _____

Specific reason for leaving: _____

2. Company _____ Phone No. With Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title Supervisor's Name & Title _____ Describe duties briefly: _____

Specific reason for leaving: _____

3. Company _____ Phone No. With Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title Supervisor's Name & Title _____ Describe duties briefly: _____

Specific reason for leaving: _____

4. Company _____ Phone No. With Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title Supervisor's Name & Title _____ Describe duties briefly: _____

Specific reason for leaving: _____

5. Company _____ Phone No. With Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title Supervisor's Name & Title _____ Describe duties briefly: _____

Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____

If yes, give name and organization(s) _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why: _____

Authorizations & At-Will Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date, regardless of the time elapsed after discovery. I agree to immediately notify the Company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize the Company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to the Company and do hereby release my current and former employers from liability for providing information to the Company. .

I authorize the Company, if applicable, to request a copy of my credit and consumer check, and motor vehicle driving record.. I understand that the Company will provide a separate Disclosure and Release required by law that will permit the Company to make such inquiries through the services of a third party. I also hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at anytime thereafter..

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the Company's President is authorized to change the employment-at-will status and such a change can only be done in writing.

If employed, I will be required to provide original documents which verify my indentity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The diocument(s) will be used for completion of Form I-9

I hereby acknowledge that have read and agree to the above.

Signature _____ Date _____

Name (please print) _____