

Spirit Golf Management

(An Equal Opportunity Employer)
APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name:

Current Address:

City: State:

Zip Code:

Home Phone:

Cell:

*Date of Birth:

Email Address:

Social Security Number:

Emergency Contact:

Emergency Contact Phone

Position Applied For:

Date Available:

Desired Salary:

Are you a citizen of the United States?

If no, are you authorized to work in the U.S.?

Have you ever worked at Spirit Golf?

If so, when?

Physical record: Do you have any physical limitations that preclude you from performing any work for which you are being considered?

If Yes, please explain:

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Dates Employed:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Supervisor:

Responsibilities:

Reason for Leaving:

May we contact?

Previous employer:

Address:

Dates Employed:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Supervisor:

Responsibilities:

Reason for Leaving:

May we contact?

Previous employer:

Employer address:

Dates Employed:

Phone:

Email:

Fax:

City:

State:

ZIP Code:

Position:

Supervisor:

Responsibilities:

Reason For leaving:

May we contact?

PLEASE COMPLETE REVERSE SIDE

EDUCATION		
	Did you graduate?	Degree Earned
<i>High School:</i>		
From:	To:	
Address:		
<i>College:</i>		
From:	To:	
Address:		
<i>Trade/Business School:</i>		
From:	To:	
Address:		
REFERENCES: PLEASE LIST TWO REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR		
Name:	Relation:	Phone:
Company:		Title:
Name:	Relation:	Phone:
Company:		Title:
DISCLAIMER AND SIGNATURE		
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references 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 all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.</p>		
Signature of applicant		Date
FOR OFFICE USE ONLY		
Start Date: _____ Position: _____		Salary/Wage:
Check One: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal		
Management Approval:		Date: