



# SPOONER GOLF CLUB

## 2024 Application for Employment

<b><u>PERSONAL INFORMATION</u></b>	Date of Application _____
Full Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Email Address: _____	Phone: (____) _____

How did you learn about our company? \_\_\_\_\_

Position sought? \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

EDUCATION	Name & Location	Graduate? Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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**PREVIOUS EXPERIENCE**

Please list beginning from most recent.

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_