

Heritage Hills Golf Resort Application for Employment

Pre-Employment Questionnaire
An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last Name First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Are you at least 18 years or older? (Please Circle One) YES or NO	Phone Number	Do you have a valid driver license? (Please Circle One) If so, Please Write your License #, State, & Expiration Date YES or NO	

DESIRED EMPLOYMENT

Position	Date you can Start	Salary Desired
Are you Employed Now? YES or NO (Please Circle One)	IF so, May we inquire your present employer? YES or NO (Please Circle One)	
Ever applied to this company before? YES or NO (Please Circle One)	Where?	When?
Ever worked for this company before? YES or NO (Please Circle One)	Where?	When?
Reason For Leaving?		
Name of last supervisor at this company?		
Who referred you to this company? (Please Check if applicable area) <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> State Employment <input type="checkbox"/> College Placement Service <input type="checkbox"/> Other		

EDUCATION

Level Of School	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES or NO (Please Circle One)

If yes, please explain below. A positive answer will not necessarily exclude you from consideration.

REFERENCES

Give the names of three persons you are not related to, whom you have known for at least one year.

Name	Address	Business	Phone Number	Years Known
Name	Address	Business	Phone Number	Years Known
Name	Address	Business	Phone Number	Years Known

FORMER EMPLOYERS

List your last three employers below. Starting with the most recent one first.

Name of Present or Last Employer 1.				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Leaving Salary	May we contact your supervisor? YES or NO (PLEASE CIRCLE ONE)		
Name of Supervisor		Title	Phone Number	
Job Description				
Reason for leaving				
Name of Present or Last Employer 2.				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Leaving Salary	May we contact your supervisor? YES or NO (PLEASE CIRCLE ONE)		
Name of Supervisor		Title	Phone Number	
Job Description				
Reason for leaving				
Name of Present or Last Employer 3.				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Leaving Salary	May we contact your supervisor? YES or NO (PLEASE CIRCLE ONE)		
Name of Supervisor		Title	Phone Number	
Job Description				
Reason for leaving				

AUTHORIZATION

"I CERTIFY THAT THE INFORMATION AND FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED, STATEMENTS CONTAINED IN THIS APPLICATION THAT ARE NOT THE TRUTH SHALL BE IMMEDIATE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED WITHIN THIS APPLICATION AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY/ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE (BOTH PERSONAL AND OTHERWISE) AND I AGREE TO RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM SUCH INFORMATION.

IN ADDITION, I UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE

DATE