Application for Employment

Pre-employment questionaire for Amherst Country Club Inc: an equal opportunity employer.

AMHERST
COUNTRY CLUB
PONEMAH GREEN
FAMILY GOLF CENTER

Today's Date:

Personal Information		
Name (Last name first)		Email Address
Present Address	City	State	Zip Code
Home Phone	Cell Phone	Referred By

Employment Desired		
Position	Start Date	Salary Desired (required)
Are you employed? Yes No	If so, may we inquire of your present employer?	Yes No
Ever applied to this company before? Yes No	Where?	When?

Education/Military History

Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
US Military or Naval Service		Rank:	

General Information

Briefly tell us about yourself. What hobbies/interests do you have? Do you particpate in any school athletic programs?

If you had $1,000,000, other than donations, what other things would you do with the money and why?

Briefly describe how you will help the team?

Employment History (List four employers, starting with the last one first)				
Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
Start: End:				
Start: End:				
Start: End:				
Start: End:				

References			
Name	Address	Business	Years Known
Phone Number:			
Phone Number:			
Phone Number:			

Authorization

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 and employers 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 the company from all liability for any damage that may result from utilization of such information. I agree to allow Amherst Country Club, LLC to perform a background check using my social security number and identification contained herein.

I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or may make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws.

Disclosure for Consumer Report (Employment) - Background Check

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from FYI Screening, Inc. ("FYI"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. FYI may be contacted by mail at P. O. Box 29698, Columbus, OH, 43229, or by phone at (800) 809-2419.

Release for Consumer Report (Employment) - Background Check

I AUTHORIZE, WITHOUT RESERVATION, FYI, AND ANY PARTY OR AGENCY CONTACTED BY FYI, TO FURNISH THE ABOVE-MENTIONED INFORMATION. FYI is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Printed Name	Signature	Social Security #	Date:

For Interviewer Use			
Date Interviewed:	Interviewer:	Beginning Date:	Ending Date (if applicable):
Work schedule available/preferred:	Position(s)/Duties Considered:	Extended leaves scheduled (vacations)?	
Notes:			