

APPLICATION FOR EMPLOYMENT
THE YOUNGSTOWN COUNTRY CLUB
 1402 Country Club Drive
 Youngstown, OH 44505

Name _____

Address _____

Telephone Number _____ Social Security Number _____ - _____ - _____

Are you eligible to hold employment in the United States? _____ Are you over 18 year old? _____

Position applied for _____

Approximate salary per month or hourly wage expected _____

How did you learn about the position? _____

Have you ever worked for this company before? Yes _____ Dates _____ No _____

EDUCATION (List most recent first):

Name of School	Full Address	Course of Study	Degree	G.P.A.

PRIOR EMPLOYMENT (List most recent first):

Name of Employer	Full Address	Telephone Number	Name of Immediate Supervisor	Position Held	Final Rate of Pay	Reason for Leaving

State what your qualifications for the position are (be specific): _____

Do you have any physical or mental condition that would keep you from being able to perform the job? _____

Have you ever been convicted of a misdemeanor involving theft, misrepresentation or moral turpitude or of any felony?
If so, provide date and place of conviction and type of crime: _____

Please provide the names, addresses and telephone numbers of two persons not related to you who can provide information about your suitability for a position here:

Name	Title (If Applicable)	Full Address	Telephone Number	Length of Time Known

IMPORTANT

PLEASE READ BEFORE SIGNING

MY SIGNATURE CONSTITUTES MY CERTIFICATION THAT MY RESPONSES ARE TRUE AND COMPLETE. WHERE AN ITEM IS LEFT BLANK, IT IS BECAUSE THERE IS NO INFORMATION WITHIN ITS SCOPE. MY SIGNATURE FURTHER CONSTITUTES MY AUTHORIZATION FOR THE YOUNGSTOWN COUNTRY CLUB TO INVESTIGATE THE FACTS SUBMITTED AND FOR THOSE WITH RELEVANT INFORMATION, INCLUDING, BUT WITHOUT LIMITATION, PHYSICIANS, HOSPITALS, SCHOOLS, LAW ENFORCEMENT AGENCIES AND MY PRIOR EMPLOYERS, TO PROVIDE SUCH INFORMATION TO THE YOUNGSTOWN COUNTRY CLUB AND I RELEASE THEM FROM ANY LIABILITY FOR DOING SO. I HEREBY CONSENT TO UNDERGO SUCH MEDICAL EXAMINATION AS THE YOUNGSTOWN COUNTRY CLUB MAY REQUIRE (WHICH MAY INCLUDE OBTAINING BODY TISSUE OR FLUID SAMPLES AND ANALYSIS OF THEM). I UNDERSTAND AND AGREE THAT ANY FALSIFICATION OR OMISSION EITHER ON THIS FORM OR IN MY RESPONSES TO QUESTIONS ASKED DURING THE INTERVIEWING OR EXAMINATION PROCESS OR ON EMPLOYMENT FORMS I MAY SUBSEQUENTLY COMPLETE, INCLUDING "I-9" FORMS, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT, NO MATTER WHEN THE FALSIFICATION OR OMISSION IS DISCOVERED. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS TO BE "AT WILL" AND THAT EITHER I OR MY EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, UNLESS THE "AT WILL" ARRANGEMENT IS MODIFIED BY A WRITTEN AGREEMENT SIGNED BY BOTH ME AND A DULY AUTHORIZED OFFICER OF THE YOUNGSTOWN COUNTRY CLUB.

Applicant's Signature

Date