



Application for Employment

1360 East Marion St. Shelby, NC 28150
Telephone: (704) 482-1711
Facsimile: (704) 482-0086
www.clevelandcountryclub.us

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For: _____ Date of Application: _____

How did you learn of us? *(Please Circle)*

Advertisement Relative Inquiry Employment Agency Friend

If Other, Please Explain: _____ If Referred By Current Employee, Who? _____

Name: _____
Last
First
Middle

Address: _____
Number
Street

_____ *City* *State* *Zip Code*

Telephone Number(s): _____

Social Security Number: _____ / _____ / _____ *If referred by a current CCC employee, who?:* _____

The best time to contact you at home is : _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes / No

Have you ever filed an application with us before?..... Yes / No

If Yes, give date: _____

Have you ever been employed with us before?..... Yes / No

If Yes, give date: _____

Do any of your friends or relative, other than spouse, work here?..... Yes / No

Are you currently employed?..... Yes / No

May we contact your present employer?..... Yes / No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship or immigration status will be required upon employment.)*..... Yes / No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work *(Please Circle)*: Full Time (please indicate 1 2 3 shift)
 Part Time (please indicate Mornings / Afternoon / Evening)
 Temporary (please indicate dates available ____/____/____)

Are you currently on "lay off" status and subject to recall?..... Yes / No

Have you been convicted of a felony within the last seven years?..... Yes / No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

EDUCATION AND EMPLOYMENT EXPERIENCE

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business, or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

List any employment experience. Start with your present or last job and include any job-related experience received in military or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.

Employer		Dates Employed		Describe work performed.
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		STARTING	FINAL	
Job Title	Supervisor's Name			
Reason for Leaving				

2.

Employer		Dates Employed		Describe work performed.
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		STARTING	FINAL	
Job Title	Supervisor's Name			
Reason for Leaving				

3.

Employer		Dates Employed		Describe work performed.
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		STARTING	FINAL	
Job Title	Supervisor's Name			
Reason for Leaving				

4.

Employer		Dates Employed		Describe work performed.
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		STARTING	FINAL	
Job Title	Supervisor's Name			
Reason for Leaving				

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

Check any specialized skills and/or equipment operated.

___ Terminal ___ Spreadsheet ___ Typewriter (WPM ___) Other: _____

___ PC/MAC ___ Word Processing ___ Shorthand (WPM ___) _____

Production/Mobile Machinery (*List*): _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

___ YES ___ NO

REFERENCES

1.

_____ *Name* _____ *Telephone Number*

_____ *Address*

2.

_____ *Name* _____ *Telephone Number*

_____ *Address*

3.

_____ *Name* _____ *Telephone Number*

_____ *Address*

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date