

APPLICATION FOR EMPLOYMENT

How did you find out about the position for which you are applying? _____

Name _____
 First Middle Last

Address _____ City _____

State _____ Zip Code _____ Date of Birth _____

Email Address _____ Home Phone _____

Cell Phone _____ Business Phone _____

Social Security Number _____ Date Available _____

PERSONAL

1. Are you 18 years old or over? ___ Yes ___ No (if under 18, authorization forms will be required from your parent or guardian and from school authorities in order to work.)
2. Are you legally entitled to work in the United States? ___ Yes ___ No ___
3. Do you have relatives employed by Glenhaven, excluding your spouse?
___ Yes ___ No
4. What position(s) are you applying for? _____
5. What are your minimum salary requirements? _____
6. Have you previously worked for Glenhaven? ___ Yes ___ No (If yes, provide dates and name, if changed: _____)
7. Are there shifts, hours, or days you cannot or will not work? ___ Yes ___ No
(If yes, please list: _____)
8. Are you willing to work overtime, if required? ___ Yes ___ No
9. List any reasons known to you why you might be unable to perform consistently and promptly any of the job duties for the position(s) for which you are applying? _____

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Do you plan further education? ___ Yes ___ No (If yes, starting date: _____)

Are you currently enrolled in school? ___ Yes ___ No (If yes, where? _____)

Subjects of special study or research work: _____

Activities other than religious (civic, athletic, etc.) _____

Exclude organizations, the name or character of which indicates race, age, sex, color or national origin of its members.

MILITARY SERVICE

Were you in the U.S. Armed Forces? ___ Yes ___ No (If yes, which branch? _____)

Rank at discharge? _____ Dates of Duty – From _____ To _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with the most recent (attach additional sheets if necessary).

Position/ Job Title _____

Company Name _____

Supervisor Name and Phone Number _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Hours Per Week _____ Start Date _____ End Date _____

Starting Pay _____ (Hr Mo Yr) Ending Pay _____ (Hr Mo Yr)

Description of Duties: _____

Reason for Leaving _____

May we contact this employer? ___ Yes ___ No

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Position/ Job Title _____

Company Name _____

Supervisor Name and Phone Number _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Hours Per Week _____ Start Date _____ End Date _____

Starting Pay _____ (Hr Mo Yr) Ending Pay _____ (Hr Mo Yr)

Description of Duties: _____

Reason for Leaving _____

May we contact this employer? ___ Yes ___ No

Position/ Job Title _____

Company Name _____

Supervisor Name and Phone Number _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Hours Per Week _____ Start Date _____ End Date _____

Starting Pay _____ (Hr Mo Yr) Ending Pay _____ (Hr Mo Yr)

Description of Duties: _____

Reason for Leaving _____

May we contact this employer? ___ Yes ___ No

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PERSONAL REFERENCES (No previous or current employers)

Name _____ Relationship to Applicant _____
Telephone _____ Address _____
City _____ State _____ Zip Code _____

Name _____ Relationship to Applicant _____
Telephone _____ Address _____
City _____ State _____ Zip Code _____

Name _____ Relationship to Applicant _____
Telephone _____ Address _____
City _____ State _____ Zip Code _____

READ BEFORE SIGNING

I understand that employment with Glenhaven Lakes Club, Inc. will be on a three (3) month probationary basis. If employed, I will abide by its rules and regulations. I understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. Further, I give permission to contact all or any of my previous employers for full information, except those I have requested not be contacted. All of the foregoing information I have supplied in this application is a full and complete statement of the facts and it is understood that, if any falsification be discovered, it will constitute grounds for dismissal upon discovery thereof.

Signature of Applicant

Date