



SAN ANGELO COUNTRY CLUB APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____ Other Phone _____
Email Address: _____

Position Sought: _____
On what date would you be available for work? _____
Desired Wage/Salary \$ _____
Have you ever worked at this company before? _____, if yes, when _____

Are you currently employed? [☐] Yes [☐] No.
If so, may we inquire of your present employer? [☐] Yes [☐] No.

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?
[☐] Yes [☐] No

Have you ever been convicted of a felony? [☐] Yes [☐] No
If yes, please describe circumstances: _____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

U.S. Military or Naval Service/Rank: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____
Dates Employed _____ to _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
 Dates Employed _____ to _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Job Title _____
 Dates Employed _____ to _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

4. Employer _____ Job Title _____
 Dates Employed _____ to _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

REFERENCES Give below the names of three persons not related to you, whom you have known at least one year.				
Name	Address	Phone number	Business	Years known

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

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