

# Champaign Country Club

## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, sexual orientation, marital status, status as a veteran, national origin, or any other classification protected by applicable law.

### *Employment Desired*

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?  yes  no If so, may we inquire of your present employer?  yes  no

Have you ever worked or applied here before?  yes  no When? \_\_\_\_\_

Do you have a valid driver's license?  yes  no

### *Personal Information*

Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_  
Street
City
State
Zip Code

Permanent Address: \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you 18 years or older?  yes  no Date of Birth \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the United States?  yes  no

Education	Name & Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School		1   2   3   4	<input type="checkbox"/> yes <input type="checkbox"/> no	
College		1   2   3   4	<input type="checkbox"/> yes <input type="checkbox"/> no	
Trade or Business School		1   2   3   4	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other		1   2   3   4	<input type="checkbox"/> yes <input type="checkbox"/> no	

Job Related Skills or Experience: \_\_\_\_\_  
 \_\_\_\_\_

*Former Employment:* (List your last four places of employment, beginning with the most previous.)

Date Month / Year	Name & Address of Employer	Salary (Upon leaving)	Position	Reason for Leaving
Begin:				
End:				
Begin:				
End:				
Begin:				
End:				
Begin:				
End:				

*References:* (List below three persons not related to you, whom you have known at least one year.)

Name	Address	Phone Number	Position, Title, or Relationship	Years Acquainted

*Availability:* (List those times you will be available to work each day of the week.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*Authorization:*

I authorize investigation on all statements contained in this application. I understand that any misrepresentation of information requested is cause for disqualification for consideration for employment or, if already an employee, cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

Forms Received:  I-9  W2  Employee History  Signed Personnel Policies Page