



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

____/____/____ _____ _____ _____
Date Last Name First Name Middle

Present Address

No. & Street

_____ - _____
City State Zip

E-mail Address: _____ _____ - _____ - _____
Social Security Number

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Phone Cell Phone Business

Employment Desired

Position your are applying for: _____

Are you applying for:

- Regular full-time work?..... Yes ___ No ___
- Regular part-time work?..... Yes ___ No ___
- Temporary work, e.g., summer or holiday work?..... Yes ___ No ___

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From ____/____/____ To ____/____/____

Are you available on weekends?..... Yes ___ No ___

Would you be able to work overtime, if necessary?..... Yes ___ No ___

If hired, on what date can you start work?..... Yes ___ No ___

Personal Information

Have you ever applied to or worked for LMGC before?..... Yes No

If yes, when? _____

Do you have any friends or relatives that are currently working or have previously been employed with LMGC?..... Yes No

If yes, state name(s) & relationship:

Name Relationship

Name Relationship

Why are you applying for work at LMGC? _____

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old?

(If under 18, hire is subject to verification that you are of minimum legal age.)..... Yes No

If hired, can you present proof of your legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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

If so, may we contact your current employer?..... Yes No

Education, Training & Experience

School	Name	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	Yes ___ No ___	_____
	Name			
	Address	City	State	Zip
College/ University	_____	_____	Yes ___ No ___	_____
	Name			
	Address	City	State	Zip
Vocational/ Business	_____	_____	Yes ___ No ___	_____
	Name			
	Address	City	State	Zip
Food & Beverage Training	_____	_____	Yes ___ No ___	_____
	Name			
	Address	City	State	Zip

Do you have any other experience, training, qualifications, or skills, which you feel, make you especially suited for work at LMGC?.....
___ Yes ___ No

If so, please explain: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). **Account for all periods of unemployment.** You must complete this section even if attaching a resume.

Period of Unemployment:

From _____ To _____

From _____ To _____

From _____ To _____

Explain those that are not based on protected medical conditions.

Name of Employer _____ (____) _____ - _____
Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ / _____ / _____ To _____ / _____ / _____ Weekly Pay: _____
From _____ To _____ Start _____ End _____

Position(s) & Duties _____ Reasons for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____ (____) _____ - _____
Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ / _____ / _____ To _____ / _____ / _____ Weekly Pay: _____
From _____ To _____ Start _____ End _____

Position(s) & Duties _____ Reasons for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____ (____) _____ - _____
Telephone No.

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ / _____ / _____ To _____ / _____ / _____ Weekly Pay: _____
From _____ To _____ Start _____ End _____

Position(s) & Duties _____ Reasons for Leaving _____

May we contact this employer for a reference?..... Yes No

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ (_____) _____ - _____
First Name Last Name Telephone No.

_____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ (_____) _____ - _____
First Name Last Name Telephone No.

_____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ (_____) _____ - _____
First Name Last Name Telephone No.

_____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize LMGC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I acknowledge that if employment is offered, I have voluntarily entered into a term that is not specified and is terminable at will. This means that employment and compensation may be terminated with or without cause and with or without advance notice at any time, at the option of LMGC or the employee. Employment may depend upon the needs of LMGC, as well as a continuing level of performance satisfactory to LMGC, including not only satisfactory accomplishment of jobs but also punctuality, attendance and attitude, but employment remains at-will at all times.

_____/_____/_____
Date Applicant Signature

*This application will remain effective only ninety (90) days for day of completion. You will have to resubmit another application for possible future employment.



EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

Completion of this form is voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by Lake Merced Golf Club.

Name: _____ Date _____/_____/_____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races	Disability or Veteran Status: <input type="checkbox"/> Individual with Disability <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Other Protected Veteran
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Race/Ethnicity Classifications: American Indian or Alaska Native: A person having origins in of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the Black racial groups of Africa.	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Two or More Races: All persons who identify with more than one of the above five races
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Disability or Veteran Status Qualifications Individual with Disability: A person who, generally, (i) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment. An individual is 'substantially limited' if he or she is unable to perform a major life activity that the average person in the general population can perform, or is significantly restricted as to the condition, manner or duration under which a person can perform a particular major life activity as compared to the condition, manner, or duration under which the average person could perform the same activity. Veteran of the Vietnam Era: A person who (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, in the republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (iii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in another place between August 5, 1964 and May 7, 1975. Other Protected Veteran: Any other veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than disabled veterans or veterans of the Vietnam era.
