



Houston Lake Country Club

Employment Application

Please mail completed application to:

Houston Lake Country Club

100 Champions Way

Perry, GA 31069

Or fax application to 478-987-7175

PLEASE PRINT ALL
INFORMATION
REQUESTED
EXCEPT SIGNATURE

OFFICE USE ONLY

Date Received:

Reviewed By:

Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____

Current Address: _____

Street

City

State/Zip

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____

Do you have a Driver's License? Yes: _____ No: _____

Do you have reliable transportation to and from work? Yes: _____ No: _____

Employment Desired

Position(s) Applied For: _____

Wage Desired: _____ Date You Can Start: _____

Employment Type: Full Time Only ____ Part Time Only ____ Full or Part Time ____ Seasonal ____

How many hours can you work weekly? _____

Days/ Hours Available to Work: No Preference _____ M _____ T _____ W _____

T _____ F _____ S _____ S _____

Education History

High School Name/Location: _____

Years Attended: _____ Did You Graduate: _____

College Name/Location: _____

Years Attended: _____ Did You Graduate: _____ Degree Attained: _____

Other Education Name/Location: _____

Years Attended: _____ Did You Graduate: _____ Degree Attained: _____

Work History (Please list your work experience(s) beginning with your most recent job.)

Name: _____ Location: _____

Position: _____ Salary or Hourly Wage: _____

Start Date: _____ End Date: _____

Reason for Leaving? _____

Supervisor Name: _____ Phone #: _____

List the jobs held, duties performed, skills used or learned, advancements or promotions while employed at this company: _____

Name: _____ Location: _____

Position: _____ Salary or Hourly Wage: _____

Start Date: _____ End Date: _____

Reason for Leaving? _____

Supervisor Name: _____ Phone #: _____

List the jobs held, duties performed, skills used or learned, advancements or promotions while employed at this company: _____

Name: _____ Location: _____

Position: _____ Salary or Hourly Wage: _____

Start Date: _____ End Date: _____

Reason for Leaving? _____

Supervisor Name: _____ Phone #: _____

List the jobs held, duties performed, skills used or learned, advancements or promotions while employed at this company: _____

Additional References (Please list two references not related to you.)

Name: _____ Company: _____

Phone #: _____ Relation: _____

Name: _____ Company: _____

Phone #: _____ Relation: _____



Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal laws, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed By: _____ Date: _____

Remarks: _____

Approved

Employment Manager: _____

Department Head: _____

General Manager: _____

