



Hendersonville Country Club

P. O. Box 589

Hendersonville, NC 28793

(828) 692-2261 Fax: (828) 692-2262

APPLICATION FOR EMPLOYMENT

Hendersonville Country Club does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, or on any other basis prohibited by law.

PLEASE TYPE OR PRINT CLEARLY

DATE

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

NAME (Last) (First) (Middle)	SOCIAL SECURITY NUMBER
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CURRENT ADDRESS (Street) (City) (State) (Zip)	HOME PHONE NUMBER Area Code ()
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WHICH SHIFTS ARE YOU AVAILABLE TO WORK? (check all that apply) <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> SATURDAYS <input type="checkbox"/> SUNDAYS	CELL PHONE NUMBER Area Code ()
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ARE YOU 18 YEARS OR OLDER? YES NO IF NOT, STATE YOUR DATE OF BIRTH _____

DESCRIBE SOME OF YOUR ATTRIBUTES AND SKILLS THAT WOULD MAKE YOU A VERY GOOD EMPLOYEE FOR HENDERSONVILLE COUNTRY CLUB

TYPE OF POSITION DESIRED

POSITION APPLIED FOR:

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON CALL	DATE AVAILABLE
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HAVE YOU EVER WORKED FOR HENDERSONVILLE COUNTRY CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH DEPARTMENT?
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To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire.

HOW WERE YOU REFERRED TO HENDERSONVILLE COUNTRY CLUB?

ARE YOU WILLING TO TAKE A DRUG TEST AT OUR EXPENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU PERMIT US TO DO A BACKGROUND CHECK AT OUR EXPENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? <input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES, EXPLAIN:	(WHERE)	(WHEN)	(CHARGED)	(SENTENCE)
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RECORD OF EDUCATION

Name and Address of School		DATES ATTENDED		GRADUATED		Type of degree/diploma received or expected	Major/Minor Fields of Study
		FROM	TO	YES	NO		
		MO./YR.	MO./YR.				
High School							
College/ University							
Graduate School							
Other (Business, Technical, Secretarial, etc.)							

LIST ANY HOBBIES, INTERESTS OR EDUCATION COURSES WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING.

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER AND STATE _____

MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? YES NO

IF YES, LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

EXPERIENCE
(Most Recent Experience First)

1. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
	SALARY	
	Starting	Ending
	\$	\$
FROM MO___ YR. ___ TO MO___ YR. ___ PHONE NUMBER Area Code ()	REASON FOR LEAVING	
2. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
	SALARY	
	Starting	Ending
	\$	\$
FROM MO___ YR. ___ TO MO___ YR. ___ PHONE NUMBER Area Code ()	REASON FOR LEAVING	
3. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
	SALARY	
	Starting	Ending
	\$	\$
FROM MO___ YR. ___ TO MO___ YR. ___ PHONE NUMBER Area Code ()	REASON FOR LEAVING	

May we contact the employers listed above? YES NO

If no, indicate by number which one(s) you do not want us to contact _____

Use this space to describe any previous work history and/or to detail particular job responsibilities listed above. Include any additional information which you feel may be relevant to the job for which you are applying.

REFERENCES
(Individuals Familiar With Your Work Ability - Do Not Include Relatives)

NAME	ADDRESS/PHONE NUMBER	YEARS KNOWN/RELATIONSHIP

CERTIFICATION AND RELEASE

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Hendersonville Country Club or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Hendersonville Country Club and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of either Hendersonville Country Club or myself.

I understand that if an offer of employment is made, that offer is contingent that results of a background check and drug test are satisfactory to Hendersonville Country Club.

In signing this form, I certify that I understand all the questions and statements in this application.

SIGNATURE OF APPLICANT

DATE

FOR EMPLOYER USE ONLY

DATE APPLICATION RECEIVED	REFERRAL SOURCE
INTERVIEWED BY	DEPARTMENT
REFERENCE CHECK, BACKGROUND CHECK AND DRUG TEST COMPLETED (DATE, BY WHOM AND RESULTS)	
ACTION AND REASON	