

TULLYMORE

GOLF RESORT

www.tullymoregolf.com

Stanwood, MI

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____/____/____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

Cell Phone: (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

If the job you are applying for requires driving: Driver's License No. _____ State _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

Employment Information

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or relatives employed by this company: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If "yes", explain: _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes No

If yes, identify program and school: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____
If yes, give name and organization(s) _____

May we contact the employers listed above? ____ If not, list the employers you do not wish us to contact and why:

APPLICANT AUTHORIZATION:

I AUTHORIZE YOU AND ALL FORMER EMPLOYERS, GIVEN BY ME AS REFERENCES, TO ANSWER ALL QUESTIONS AND TO GIVE ALL INFORMATION IN CONNECTION WITH THIS APPLICATION OR IN ANY WAY CONCERNING ME. I AGREE, IF EMPLOYED BY YOU, THAT IF I EVER MAKE CLAIMS AGAINST YOU FOR PERSONAL INJURIES, UPON YOUR REQUEST I SHALL SUBMIT TO EXAMINATIONS BY PHYSICIANS OF YOUR SELECTION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THE COMPANY IS ENTERED INTO VOLUNTARILY AND THAT I MAY RESIGN AT ANY TIME. SIMILARLY, MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED FOR ANY REASON AND AT ANY TIME WITH OR WITHOUT PREVIOUS NOTICE. I STATE THAT THE INFORMATION PROVIDED TO YOU ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IT SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL IF ANY OF THE INFORMATION CONTAINED HEREIN IS FOUND TO BE UNTRUE. I WILL HOLD YOU HARMLESS FROM ANY CLAIMS INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY OR ILLNESS AS A RESULT OF PROVIDING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION.

APPLICANT'S SIGNATURE: _____

APPLICANT'S NAME (PRINTED): _____

DATE: _____

