

GOLF RESORT

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 **

Position(s) applied for	Date/ /				
How did you find out about this job? \qed Newspaper \qed Employee \qed	Walk-in □ Relative □ Other				
Applicant Information					
First Name Middle	Last				
Street Address Social Security No					
City/State/Zip	Phone ()				
CellPhone:()					
Email:					
If hired, do you have a reliable means of transportation to get to work					
Are you at least 18 years old? If you are under 18 years of age	e, 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.? (Pro					
required if hired.)					
Are you a veteran?If yes, give dates of service: Fro	m 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?	•				
Are you currently employed? If hired, when would					
Have you ever worked for this organization before? If yes	name used:				
Work History (please begin with most recent)					
1. Company Pho	ne No. with Area Code ()				
Address City/ Dates of Employment: From To Sala	ry: Beginning Ending				
Job Title Superior Super	ervisor's Name & Title				
Specific reason for leaving:					

2.	Company		Phone No. with Ar	Phone No. with Area Code ()			
	Address Dates of Employment: From	To	City/State/Zip Salarv: Beginning	Endina			
	Job Title Describe duties briefly:		Supervisor's Nam	e & Title			
	Describe duties briefly:						
	Specific reason for leaving:						
3	Company		Phone No with Ar	ea Code (
٥.	Address		Citv/State/Zip				
	Dates of Employment: From	To	Salary: Beginning	Salary: Beginning Ending Supervisor's Name & Title			
	Describe duties briefly:						
	Specific reason for leaving:						
ı	May we contact the employers listed	above?lf no	ot, list the employers yo	u do not wish us to contact			
á	and why:						
	For references purposes: Have you w	orked for any of t	hese organizations or at	tended school under a			
	lifferent name?		aaaaa.				
I	f yes, give name and organization(s)						
Lis	t any relatives employed by this compa	ıny:					
	ve you ever been convicted of a crime? ar of conviction:	?Yes _	No If "yes", please	state the crime and provide the			
<u></u>	ar or conviction.						
Do	you have any pending felony charges?	? Yes	No				
<u>IT</u>	yes", explain:						
W	nat other employment or "sideline" busir	ness do you have	?				
VV	ould you want to continue it if employed	by us?					
E	ducation (circle highest level achieve	ed)					
	2 3 4 5 6 7 8 9 10 11 12 (College: 1 2 3 4 5 6			
Na Lo	me of School:cation of School:	Name of School:	ol.	Name of School: Location of School:			
lf i	n high school, are you enrolled in a reco	ognized co-op pro	ogram? 🛘 Yes 🗖 No	Degree & Major:			
	res, identify program and school:			Minor:			

APPLICANT STATEMENT

I affirm that the information provided on this application (and accompanying resumé, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize this company to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Tullymore Golf Resort.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Tullymore to attempt to make a reasonable accommodation for it. I must make my request in writing to the Personnel Department as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Should I receive a conditional offer of employment, I give my consent for Tullymore, through an authorized testing service of its choice, to collect blood, urine, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I release Tullymore from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Tullymore's management for appropriate review. If I am accepted for employment by Tullymore, I consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

I understand that all employees of Tullymore are employed on an indefinite basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the Chief Operating Officer of Tullymore has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the Chief Operating Officer will be enforceable unless it is in writing, pertains specifically to me, and is signed by Chief Operating Officer.

APPLICANT'S SIGNATURE:		
APPLICANT'S NAME (PRINTED):		
DATE:	_	