APPLICATION FOR EMPLOYMENT

To Applicant: If you need assistance in completing this application, please let us know. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for the position that best matches your qualifications. Therefore, we encourage you to be as complete and as specific as possible. In this application we are sometimes referred to as The Company is an equal opportunity employer. The Company will not discriminate unlawfully against any employee or applicant for employment because of factors such as race, sex, creed, color, pregnancy, religion, national origin, age, marital status, sexual orientation, physical or mental disabilities, or status as disabled or Vietnam-era veteran, when the individual is otherwise qualified. The Company will strive to provide a safe and healthful work environment, free of substance abuse, for the protection and safety of our employees, Members, and guests. PLEASE PRINT PLAINLY.

PERSONAL					
Legal Name Last First Middle					
Present Address					
How many years at this address? (For Message)					
Position(s) you are primarily interested in: 1) Rate of pay expected \$per hour, week, month (whichever applicable)					
2) Rate of pay expected \$					
□ Full-Time □ Part-Time Student □ Part-Time Student □ Part-Time Summer Only □ Part-Time Seasonal □ Temporary					
Were you previously employed by us? No Ves					
If yes, when and where?					
If hired, on what date will you be able to start work?					
What hours and day of the week would you be available for work?					
MILITARY SERVICE RECORD Were you in the U.S. Armed Forces? No Yes If yes, what branch?					
Dates of Duty: From to Rank at discharge Rank at discharge					
Month Day Year Month Day Year List duties in the service including special training which relates to the position you are seeking					
<u> </u>					
Are you presently in the Armed Forces Reserve? No Yes Active Inactive Branch					
IN CASE OF EMERGENCY NOTIFY Name					
Address Phone () Area Code					
CHARACTER REFERENCES Do not refer to casual acquaintances, previous employers, or relatives. Refer to three people whom know you either personally well or in business.					
NAME ADDRESS PHONE NO. OF YEARS KNOWN					

EDUCATION						
(circle highest grade completed) Elementary 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6 7 8						
A. HIGH SCHOOL Name of High School Location						
Did you graduate? No Yes If NOT a high school graduate, do you have an equivalency diploma? No Yes Approximate number in graduating class Grades: Above average Average Below average Offices, honors/awards						
Did you work after school and Saturday's while a student? No 🔲 Yes 🗍						
If yes, what jobs?						
B. COLLEGE/GRADUATE SCHOOL Grade Total Extracurricular Point Credit Activities, Honors						
Name & Location From To Degree Major Average Hours and Awards						
How was your education financed?						
Part-time and summer work						
Other training or special abilities						
List current professional licenses and registrations						
IOD ADULTIES						
JOB ABILITIES Indicate job skills you've acquired and equipment you can operate which pertains to the job for which you are applying, include amount of experience.						
What qualifications, abilities, and strong points will help you succeed in this job?						
If required in the job for which you are applying: Do you have a valid driver's license? No Yes Can you furnish proof? No Yes State and License Number						
Do you have a valid Chauffeur's License? No Yes Can you furnish proof? No Yes State and License Number						
Has your driver's license ever been suspended or revoked? No						

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Insert additional sheets if necessary. Show unemployed or self-employed periods; indicate dates of each and explain. All time must be accurately and truthfully accounted for. DO NOT PUT "SEE RESUME." NOTE: YOU NEED NOT EXPLAIN ANY GAPS IN EMPLOYMENT RELATED TO DISABILITY OR REHABILITATION

		DISABILITY ON REHABILITATION		
	Company Name		relephone	
1	Address		From	ear) To
	Name and Title of Supervisor		Weekly Pay From	То
	State Job Title and Describe in detail the work you did	1.	Reason for Leaving	
	Company Name		Telephone	
	Address		()- Employed (State Month and Yo	
	Name and Title of Supervisor		From Weekly Pay	То
2	State Job Title and Describe in detail the work you did	ı.	From Reason for Leaving	То
	Company Name		()-	
	Address		Employed (State Month and Yo	ear) To
	Name and Title of Supervisor		Weekly Pay From	То
3	State Job Title and Describe in detail the work you did	1.	Reason for Leaving	
	Company Name		Telephone	
			()- Employed (State Month and Yo	
	Address		From	To
4	Name and Title of Supervisor		Weekly Pay From	То
4	State Job Title and Describe in detail the work you did	1.	Reason for Leaving	
	Company Name		Telephone	
5			()- Employed (State Month and Ye	
	Address		From	To
	Name and Title of Supervisor		Weekly Pay From	То
	State Job Title and Describe in detail the work you did	i.	Reason for Leaving	

TO THE APPLICANT Have you ever been discharged or asked to resign? No Yes If yes, explain in full						
Have you ever been convicted of or pleaded guilty or no contest to or had adjudication withheld in connection with a felony or misdemeanor?						
No Yes On Probation? No Yes						
If YES to either, describe in full (including dates) NOTE: Convictions or guilty pleas or withheld adjudications are not an automatic bar to employment. All circumstances will be considered.						
Have you ever been refused a bond by an employer? No Yes						
Have you ever had shortages or misunderstandings about merchandise or funds at a place of employment? No Yes If yes, explain in full						
I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that as a part of normal employment procedure, a routine inquiry may be made concerning information on my former job responsibilities, character, general reputation, and credit. I authorize such investigation and hereby agree to fully cooperate in this investigation. I release you and all named former employers, all character references, and credit sources, from any liability for releasing information to you. I understand that if I fail to answer any question, or if I give misleading or incomplete answers to any question, that alone is a sufficient basis for a failure to hire me, or if I have been hired, that alone is a sufficient basis for my immediate termination. I further understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that North Carolina is an at-will state and should I become employed by The Company my employment can be terminated, with or without cause or notice, at any time by myself or The Company. I have had a full opportunity to ask whatever questions I have about any of the above statements.						
Date	Applicant's Signature					
FOR OFFICE USE ONLY						
Interviewed By	o be completed after interview) Date Interviewed					
Possible Positions	Recommended Action					
Date Available Referral/Source						

Job Applications for gate attendants please email to Debbie Neer: dneer@ccsapphirevalley.org

Job Applications for golf positions please email Jason Chick, PGA: jchick@ccsapphirevalley.org

Job Applications for housekeeping and service positions please email to Jim Foster: jfoster@ccsapphirevalley.org

Job applications for culinary positions please email to Grant Higgs: ghiggs@ccsapphirevalley.org