



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date _____

Name _____ Social Security Number _____

Last First Middle

Present Address _____

Street City State Zip

Permanent Address _____

Street City State Zip

Phone (Home) _____ (Cell) _____

E-Mail Address: _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Currently Employed? _____ If So May We Inquire Of Your Present Employer? _____

Ever Applied to This Company Before? _____ When? _____

Ever Worked for This Company Before? _____ When? _____

EDUCATION	Name And Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business, or Correspondence School	_____	_____	_____	_____

GENERAL

Subject of Special Study on Research Work _____

Are you a convicted felon? YES / NO _____

During the last ten years, have you ever been convicted of a crime other than minor traffic offenses? _____

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness, and nature of the crime, and rehabilitation will be considered)

U.S. Military/Naval Service _____ Rank _____ Present Membership _____
(Continued On Other Side)

Comments (Office Use Only): _____

MEADOW LARK COUNTRY CLUB



Are you related to any member of Meadow Lark Country Club? Yes ___ No ___ Name _____
 Are you related to any present employee at Meadow Lark Country Club? Yes ___ No ___ Name _____
 Were you referred for employment by a current employee? Yes ___ No ___ Name _____

FORMER EMPLOYERS (List below last four employers, starting with most current)

Date Month & Year	Name, Address, and Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three people not related to you, whom you have known at least one year.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any essential functions of the position for which you are being considered? Yes ___ No _____

Describe: _____

What can be done to accommodate your limitation? _____

In case of an emergency,
 please notify: _____

Name
Address
Phone Number

“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 the application shall be grounds for dismissal.

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

Date _____ Signature _____

“I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.”

Date _____ Signature _____