CITY CLUB – PLYMOUTH

Employment Application

Date:	Position Applied Fo	r:	
Full Name:			
Address:	City:	State:	Zip:
Phone:	Cell Phone:	Email:	
Birthday:	Date Available to Start:	Desired Salary:	
Employment Desired: F	ull Time Part Time	Temporary	Seasonal
If you are under the age o	of 18, can you provide a work permit?	YES	NO
Are you legally allowed to	work in the United States?	YES	NO
Have you ever pleaded gu	uilty, no contest or been convicted of a cr	ime? YES	NO
If yes, explain:			
= :	ve questions does not constitute an auto the nature of the violation, rehabilitation		•
Name & Location of High	School:	Gra	duate?
Name & Location of Colle	ge:	Yea	rs Attended
Degrees Completed:	(Other Studies:	
Trade, Business or Corres	pondence School:	Yea	ırs Attended:
Subjects Studied:		Gra	duate?
SUMMARIZE YOU	R SPECIAL SKILLS OR QUALIFI	CATIONS HIS	

EMPLOYMENT HISTORY (begin with most recent)

MOST RECENT EMPLOYER:

Date of Employment: From/	Position(s) Held:
Company Name:	City/State:
Phone Number:	Supervisor:
Responsibilities:	
Starting Salary :	Ending Salary:
Reason for Leaving:	
May we contact this employer as a reference? YES	NO
SECOND MOST RECENT EMPLOYER:	
Date of Employment: From// To/	Position(s) Held:
Company Name:	City/State:
Phone Number:	Supervisor:
Responsibilities:	
Starting Salary :	Ending Salary:
Reason for Leaving:	
May we contact this employer as a reference? YES	NO
THIRD MOST RECENT EMPLOYER:	
Date of Employment: From// To/	Position(s) Held:
Company Name:	City/State:
Phone Number:	Supervisor:
Responsibilities:	
Starting Salary :	Ending Salary:
Reason for Leaving:	
May we contact this employer as a reference? YES	NO
APPLICANT STATEMENT	
Summarize how this company will benefit from your	employment. Use a separate piece of paper if needed.

certify that the facts contained in this application are true and complete to the be alsified statements on this application shall be grounds for dismissal. I authorize inverse and employers listed above to give you any and all information concerning may have, personal or otherwise, and release the company from all liability for information. I also understand and agree that no representative of the company has been any specified period of time, or to make any agreement contrary to the foregoin company representative. This waiver does not permit the release or use of disability he Americans with Disabilities Act (ADA) and other relevant federal and state laws.	vestigation of all statements contained herein and the ing my previous employment and any pertinent information any damage that may result from utilization of such is any authority to enter into any agreement for employmening, unless it is in writing and signed by and authorized y-related or medical information in a manner prohibited by
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