

Foursome Golf Management Group, LLC

Employment Application

Foursome Golf Management Group is an equal opportunity employer and will consider all applicants equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

This Application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL: Date ____/____/____

Name _____ Home Phone (____) _____
LAST FIRST MIDDLE

Present Address _____
NO STREET CITY STATE ZIP

Are you over 18? YES ____ NO ____

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? YES ____ NO ____

Current Email: _____

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? YES ____ NO ____

If no, please explain _____

Driver's License: State _____ Type: _____ Currently Valid? YES ☐ NO ☐

EMPLOYMENT DESIRED:

Are you seeking ☐ Full-time ☐ Part-time ☐ Temporary or summer employment?

Position applied for: _____ Salary Desired: _____

Date available to start: _____

Have you ever applied with our company before? YES ☐ NO ☐ Have you ever worked for our company before? YES ☐ NO ☐

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are there any days or hours you would be unable or unwilling to work? YES ☐ NO ☐ If yes, please specify _____

EDUCATION:

Name, Address and Location	Dates	Graduate?	Courses Studied
High School: _____ _____		YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Diploma:
College: _____ _____	From: _____ To: _____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Diploma:
Trade School: _____ _____	From: _____ To: _____	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes _____ No _____ If so, when, where and what courses?

List and describe any other School or Specialized Training _____

CAPABILITY /RELIABILITY:

Would you be willing and able to perform all of the tasks required by the job you are applying for'? YES ☐ NO ☐

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? YES ☐ NO ☐

If yes,explain _____

Will you abide by the safety rules of this company? YES _____ NO _____

Have you ever been disciplined for violating company safety rules or regulations? YES _____ NO _____

If yes, please explain: _____

How many days of work (or school) have you missed.in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis YES _____ NO _____

If no, please explain _____

MILITARY:

Have you ever served in the military? YES _____ NO _____

Service Branch _____ Date Entered _____ Date Separated _____

WORK HISTORY

List names of employers, in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give full name and supply business references.

Dates Employed: From: _____ / _____ To: _____ / _____
Month Year Month Year

Name of Employer:	Name and Title of Last Supervisor:
Address:	
City, State, Zip Code:	Pay: \$
Phone: ()	Reason for Leaving: _____
Title:	Duties: _____
Nature of Business:	_____

Dates Employed: From: _____ / _____ To: _____ / _____
Month Year Month Year

Name of Employer:	Name and Title of Last Supervisor:
Address:	
City, State, Zip Code:	Pay: \$
Phone: ()	Reason for Leaving: _____
Title:	Duties: _____
Nature of Business:	_____

Dates Employed: From: _____ / _____ To: _____ / _____
Month Year Month Year

Name of Employer:	Name and Title of Last Supervisor:
Address:	
City, State, Zip Code:	Pay: \$
Phone: ()	Reason for Leaving: _____
Title:	Duties: _____
Nature of Business:	_____

Dates Employed: From: _____ / _____ To: _____ / _____
Month Year Month Year

Name of Employer:	Name and Title of Last Supervisor
Address:	
City, State, Zip Code:	Pay: \$
Phone: ()	Reason for Leaving: _____
Title:	Duties: _____
Nature of Business:	_____

SUPPLEMENTAL EMPLOYMENT INFORMATION

Are you presently employed? YES ☐ NO ☐

If Yes, may we contact your present employer? YES ☐ NO ☐

Have you ever been fired or asked to resign from a job? _____ If yes, please explain: _____

SPECIAL SKILLS

Do you type? YES ☐ NO ☐ Words per Minute _____

Have you had any computer or word processing experience or training? YES _____ NO _____

If Yes, Please _____
describe:

What languages do you speak fluently? _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

NAME

ADDRESS

PHONE

OCCUPATION

1. _____

2. _____

3. _____

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right; to bring any course of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is 'at will' and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____

Date _____ / _____ / _____