

# The Eureka Country Club, Inc.

## Employment Application

The Eureka Country Club Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should contact a representative of the organization.

*Please print and fill out all sections:*

### Applicant Information

Applicant Name (First, Middle Initial, Last Name): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

How were you referred to The Eureka Country Club? \_\_\_\_\_

### Employment Positions

What Position are you applying for:

Regular part-time work?  Yes  No

Regular full-time work?  Yes  No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you work weekends?  Yes  No

Can you work evenings?  Yes  No

Can you work Holidays?  Yes  No

Are you available to work overtime?  Yes  No

Salary desired \$ \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for The Eureka Country Club Inc. before?  Yes  No

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for The Eureka Country Club?  Yes  No

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to and from work?  Yes  No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)  Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No

If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

# The Eureka Country Club, Inc.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

Do you have any physical defects or condition, which preclude or limit your ability to perform the particular job for which you are applying?  Yes  No

If yes, describe such defect or condition and specific work limitations. Employer may request a doctor's release: \_\_\_\_\_

(Note: Company complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Education, Training, and Experience

### High School:

School Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No    Diploma earned?  Yes  No

### College / University:

School Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No    Diploma earned?  Yes  No

### Vocational School:

School Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No    Diploma earned?  Yes  No

# The Eureka Country Club, Inc.

## Additional Information

Do you speak, write or understand any foreign languages?  Yes  No

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you fell should be brought to our attention, in the case that they make you especially suited for working with us?  Yes  No

If yes, please explain: \_\_\_\_\_

## Employment History

Are you currently employed?  Yes  No

If you are currently employed, may we contact your current employer?  Yes  No

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address City / State / Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

May we contact this employer for references?  Yes  No

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address City / State / Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

May we contact this employer for references?  Yes  No

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address City / State / Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

May we contact this employer for references?  Yes  No

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

# The Eureka Country Club, Inc.

Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address City / State / Zip: \_\_\_\_\_  
Length of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
May we contact this employer for references?  Yes  No

## References

List below two persons who have knowledge of your work performance within the last two years. Please include professional references only.

Name (First, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address City / State / Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address City / State / Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

## In Case of Emergency

In case of accident or illness please contact: Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address City / State / Zip: \_\_\_\_\_

## Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on the application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_