



635 Skytop Mountain Rd, Port Matilda,  
Pennsylvania 16870

814-692-4249

## JOB APPLICATION

Skytop Mountain Golf Club 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. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below:

### **Applicant Information**

Applicant Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

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

Date of Application: \_\_\_\_\_

### **Employment Position**

Position(s) applying for (Check all that apply):

- ☐ Golf Shop:      ☐ Inside      ☐ Outside      ☐ Either  
☐ Turf Maintenance

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

Hourly rate requesting: \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for Skytop Mountain Golf Club before? ☐ Yes ☐ No

If yes when? \_\_\_\_\_

Do you have any friends, relatives, or working for Skytop Mountain Golf? ☐ Yes ☐ No

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

Are you 18 years of age or older? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No

Are you a U.S. Citizen or approved to work in the United States? ☐ Yes ☐ No

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: Skytop Mountain Golf Club complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

## **Education and Training**

### High School

Name	Location (City, State)	Year Graduated	Degree Earned

### College/University

Name	Location (City, State)	Year	Degree Earned

### Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

### Military:

Are you a member of the Armed Services? ☐ Yes ☐ No

If yes,

In what branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

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## **Previous Employment**

Employer Name	
Job Title	
Supervisor Name	
Employee Address	
City, State, Zip	
Employer Phone	
Date Employed	
Reason for leaving	

Employer Name	
Job Title	
Supervisor Name	
Employee Address	
City, State, Zip	
Employer Phone	
Date Employed	
Reason for leaving	

**References**

Please provide 2 personal or professional reference(s) below:

Reference	Contact Information

**At-Will Employment**

The relationship between you and the Skytop Mountain Golf Club is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Skytop Mountain Golf Club. No representative of Skytop Mountain Goff Club has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_