



Application for Employment

Client: Hickory Hollow Golf Club (ZG5)

(Please Print)

SOC. SEC. NO. _____ - _____ - _____

NAME: _____ DATE _____

 Last First Middle

ADDRESS: _____

 No. Street City State Zip

TELEPHONE: (_____) _____ DRIVERS LICENSE #: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

EDUCATION

| Type | Name/ Location | Graduation Date | Number of Years Completed | Degree/ Diploma |
|-----------------------|-------------------|--------------------|---------------------------------|--------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Technical or Other | _____ | _____ | _____ | _____ |

EMPLOYMENT RECORD

| Company Name and Phone # | Kind of Work | Date Started/Left | Rate of Pay | Reason for Leaving |
|-----------------------------|-----------------|----------------------|----------------|-----------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

Type of work desired _____ Salary desired _____

How were you referred to our organization?

Do you have any relatives who are employed by this organization Yes No
Please specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record: Yes No Please specify: _____

Have you ever signed a non-compete, non-solicitation, or confidentiality agreement? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever been terminated or asked to resign? Yes No If yes, please explain

Please list any additional information that relates to your ability to perform the job for which you have applied—such as licenses, professional memberships, hobbies, etc.

Emergency Contact – Name & Number: _____

U.S. MILITARY SERVICE

Branch of Service & Rank _____ From _____ to _____

REFERENCES (Do Not Include Relatives)

| Name | Occupation | Years Known | Phone Number |
|----------|------------|-------------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

APPLICANT'S STATEMENT

Note: the "Company" refers to United American Payroll, related affiliates, and the "Client" listed above

I certify that the information given herein is true and complete without qualification. I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize the Company to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers' names therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I further authorize the Company and/or any third party which the Company hires, to research, investigate and/or perform background checks to substantiate that I am a candidate of good standing and of good moral character, who qualifies as a potential employee. I understand and acknowledge that the Company will terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

If terminated, I authorize the Company to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information including disclosure of information to a third party, future employer or prospective employer, without receiving any prior notice, and I release the Company from any liability in connection with such use or disclosure.

In consideration of my employment I agree to conform to the rules and regulations of the Company and the directions of its supervisors, I understand and acknowledge that if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of the Company and can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself. I further understand and agree that no manager, representative, agent or employee of the Company other than the owners, has now or has had in the past any authority to enter into any agreement for employees for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the owners of the Company in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is required, are known. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examination at the employer's discretion and expense. Furthermore, under Michigan's Persons with Disability Civil Rights Act if I should need an accommodation for disability, I must provide management with written request within 182 days.

I agree that any action or suit against the Company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay to the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees.

Applicant Signature: _____ Date: _____

Printed Name: _____