



Saugahatchee
Country Club

3800 BENT CREEK ROAD, OPELIKA, ALABAMA
334-749-3441 (PHONE)
334-745-2520 (FAX)

Application for Employment

Personal Background

Name: _____
First Middle Last

Address: _____
Street Address City/State Zip

Social Security Number: _____ - _____ - _____ Phone number: _____

Email: _____

As of today's date, are you 19 years old or older? Yes No

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship, of verification of your legal right to work in the U.S.? Yes No

If employment is offered, can you produce personal identification such as a U.S. passport, drivers license, or photographic identification card issued by the state? Yes No

Have you ever worked at Saugahatchee Country Club? Yes No
If yes, what position _____

Have you ever been convicted of a felony? Yes No

If employment is offered, do you intend to have any type of secondary employment or self-employment? Yes No

Do you smoke? Yes No

Were you ever in the U.S. Armed Forces? Yes No

If yes which branch? _____

In case of Emergency Notify: _____

Phone number: _____ Relationship _____

Referral Source

How did you hear of our organization? _____

Do you know anyone who is employed by us? Yes No
 Name: _____ Relationship: _____

Employment Desired

Position applied for: _____ Date available _____ Salary desired _____

Are you presently employed? Yes No
 Willing to work overtime? Yes No

Indicate the days or evenings you are **not** available to work, if any: _____

Have you ever applied to Saugahatchee Country Club before? Yes No
 If yes, when? _____

Physical History

Do you have any physical conditions that limit your ability to perform the job for which you are applying?
 Yes No

If yes, please describe _____

Additional Skills

Computer: _____ Software _____

Additional skills, equipment, qualifications which you feel would be relevant to your application: _____

Education

Name and location of School	City, State	Degree	Major	GPA
High School				
College (s)				
Other				

Licensing Certification _____ City, State _____

Employment History

Please list most recent position first

Name of company _____ Type of Business _____

City, State _____ Company phone number _____

Dates of employment: From _____ To _____ Salary: Start _____ End _____

Exact title or position _____

Immediate Supervisor _____ Supervisor's Position _____

May we contact? Yes No

Reason for leaving: _____

Description of duties, responsibilities and accomplishments: _____

Name of company _____ Type of Business _____

City, State _____ Company phone number _____

Dates of employment: From _____ To _____ Salary: Start _____ End _____

Exact title or position _____

Immediate Supervisor _____ Supervisor's Position _____

May we contact? Yes No

Reason for leaving: _____

Description of duties, responsibilities and accomplishments: _____

Name of company _____ Type of Business _____

City, State _____ Company phone number _____

Dates of employment: From _____ To _____ Salary: Start _____ End _____

Exact title or position _____

Immediate Supervisor _____ Supervisor's Position _____

May we contact? Yes No

Reason for leaving: _____

Description of duties, responsibilities and accomplishments: _____

Please read carefully before signing

Saugahatchee Country Club (SCC) is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful. I understand that I may be asked to take Integrity test, a lawful drug test and/or a physical examination. And I consent to such tests and examinations as part of the application process.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by SCC to hire me. If I am hired, I understand that either the SCC or I can terminate my employment at any time and for any reason. Aside from this employment at will relationship, no one other than the President of SCC has the authority to enter into any employment contract of any kind between me and SCC. Any such contract must be in writing and signed by me and the President. No one has the authority to make me any verbal statements that are legally binding on SCC which contradict Company policies.

All of the information I have given to SCC in considering me for employment is correct. No other information has been concealed. I authorize the investigation of all matters concerning my consideration for employment. I waive any right to prior written notice, and authorize my former employers, references, physicians and acquaintances to give any such information they may have regarding me. I indemnify SCC, as well as any parties from whom information is obtained, from liability whatsoever resulting from the investigation and release of this information. If any information I have given to SCC is untrue or if I have concealed any information, I understand that this may result in the denial of employment or termination.

An investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request within and reasonable period of time, I can obtain from SCC written disclosure of the nature of the investigation request.

Signature _____

Date _____