



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other protected status. All qualified applicants will be given equal opportunity and selection decisions will be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all relevant questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

PERSONAL

Job Applied for _____ Today's Date _____ 20____

Last Name First Name Middle Name Social Security Number

Present Street Address City State Zip Code

() -
Telephone Number Cell Phone or Pager Number

Email Address

Have you worked or attended school under any other names? If yes, give name(s): _____

When could you start work? _____

The type of employment you are currently seeking: Full-time ☐ Part-time ☐ Seasonal/Temporary ☐

Please mark the shift(s) you are able to work: Days ☐ Evenings ☐ Nights ☐ Weekends ☐

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) Yes ☐ No ☐

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐

Have you ever applied here before? Yes ☐ No ☐ If yes, when? _____

Were you ever employed here? Yes ☐ No ☐ If yes, when? _____

Do you have relatives currently working here? Yes ☐ No ☐ If yes, whom? _____

Do you have a relative that is a member of FCC? Yes ☐ No ☐ If yes, whom? _____

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, give details: _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

How were you referred to us?

Employment Agency ☐ Newspaper ☐ (Specify) _____
Placement Service ☐ Current Employer ☐ (Specify) _____
Walk In ☐ Other ☐ (Specify) _____

EDUCATION

Name and Location of School or College	Course or Major	Did You Graduate?	No. of Years Attended	Degree Obtained

FORMER EMPLOYERS/EXPERIENCE

(You may mark an "X" beside those employers you do not wish us to contact.)

Name and Address	Position/Job Responsibilities	Dates Employed	Starting Salary	Last Salary	Reason for Leaving

PERSONAL REFERENCES (Not Relatives)

Name	Address	Phone	Business	Known How Long?

EMERGENCY CONTACT

Name	Address	Phone

SPECIAL SKILLS

What skills, training, certification or licenses do you have that are related to the job for which you are applying?

Employer: Findlay Country Club

Applicant: _____

1. **I CERTIFY** that the information I provided on this application is true, accurate and complete to the best of my knowledge. I understand that false or misleading information or material omissions on this application shall be grounds for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

2. **I AUTHORIZE:** (1) Findlay Country Club to investigate information concerning the information I provided on this Application, including, but not limited to my previous employment, experience and education; (2) those persons and companies referenced above to freely provide information to Findlay Country Club, for which I hereby release each of these persons and companies which provide or receive information about me from any and all liability for any damage that may result from furnishing such information; (3) those persons and companies referenced above to accept a photocopy or facsimile copy of this page as my consent and release of liability for providing all requested information to Findlay Country Club; and (4) Findlay Country Club to request and receive a copy of my (i) criminal records, and (ii) driving records.

3. **I UNDERSTAND** that the employer may request an investigative consumer report from a consumer reporting agency. If such a report is sought, I understand that I will be asked to sign a separate consent form in compliance with the Fair Credit Reporting Act, 15 U.S.C. § 1681-1681u. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

4. **I AGREE**, in consideration of my employment, to conform to all company rules and regulations and understand that these rules and regulations are subject to change from time to time at the employer's unilateral discretion.

5. **I UNDERSTAND** that all employer property must be returned and any indebtedness to the employer must be paid on or before my last day of work. I authorize the employer to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

6. **I UNDERSTAND** as a final step in the hiring process, an applicant may be subject to a pre-employment health review which may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the success of the health review.

7. **I UNDERSTAND** and consent to any and all drug or alcohol testing which I may be subjected to by the employer, whether it be random, mandatory, incident specific or based on the employer's reasonable suspicion. I further understand that my participation in the employer's drug testing program is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

8. **I UNDERSTAND** and agree that my employment and compensation is at the will of the employer and myself and thus it may be terminated at any time with or without prior notice, with or without cause, at the option of the employer or myself, and I understand that no representative of the employer, other than the Board of Trustees or their designee, has authority to enter into any agreement contrary to the foregoing. I further understand that any agreement contrary to the foregoing must be in writing and signed by myself and the Board of Trustees or their designee to be effective.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This Application for Employment will not remain active after the position applied for is filled.

Our Mission: To offer our members an inviting family atmosphere, personalized services, outstanding facilities and a commitment to excellence.

