



DRAGONRIDGE COUNTRY CLUB

Thank you for considering applying for a position with our Company. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process which will disclose inaccurate, false, incomplete or omitted information.

The following must be filled out completely for your application to be considered even if submitting a resume.

PERSONAL INFORMATION (Please PRINT)

TODAY'S DATE:

NAME (Last, First and Initial)		TELEPHONE Work () Home ()	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list all other names by which you have been known			
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER State issued Exp. date	
PRESENT ADDRESS			
Have you lived in another city within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the location(s) including city, state and date(s)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, hire is subject to verification that you are of minimum legal age.)			

EMPLOYMENT DESIRED:

POSITION APPLYING FOR:	ARE YOU APPLYING FOR: Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No Regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hours, shifts or days of the week you cannot work?	If hired, on what date can you start work? Salary desired?	
Have you ever applied for work with our Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Do you have any friends or relatives working for our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name(s) and relationship(s).	
Have you been referred by a DragonRidge employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name.	
Why are you applying for work at our Company?		
Do you have any commitment to another entity or person or military obligation that might affect your employment with our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, describe the functions that cannot be performed:	

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone number	Years known
1.			
2.			
3.			

EDUCATION, TRAINING, AND EXPERIENCE:

List below the schools you have attended	Number of years completed	Degree or diploma	Did you graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand another language? Yes No
If yes, which language(s):

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our Company?
If yes, explain: Yes No

EMPLOYMENT HISTORY:List below all present and past employment for the last ten (10) years, starting with your most recent employer.
(You must complete this section even if attaching a resume. Note: Attach additional page(s) if necessary.)

NAME OF EMPLOYER:		May we reference this Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
No.	Street	City	State	Zip code
Address:				
Telephone number ()	Your supervisor's name:	Type of business:	Was termination <input type="checkbox"/> Voluntary? <input type="checkbox"/> Involuntary?	
Your position and duties:			Dates of employment: From: _____ To: _____ Ending pay:	
Exact reason for leaving:				
NAME OF EMPLOYER:		May we reference this Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
No.	Street	City	State	Zip code
Address:				
Telephone number ()	Your supervisor's name:	Type of business:	Was termination <input type="checkbox"/> Voluntary? <input type="checkbox"/> Involuntary?	
Your position and duties:			Dates of employment: From: _____ To: _____ Ending pay:	
Exact reason for leaving:				

EMPLOYMENT HISTORY (continued):

NAME OF EMPLOYER:		May we reference this Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		No.	Street	City	State Zip code
Telephone number ()	Your supervisor's name:	Type of business:		Was termination <input type="checkbox"/> Voluntary? <input type="checkbox"/> Involuntary?	
Your position and duties:				Dates of employment: From: _____ To: _____ Ending pay: _____	
Exact reason for leaving:					

NAME OF EMPLOYER:		May we reference this Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		No.	Street	City	State Zip code
Telephone number ()	Your supervisor's name:	Type of business:		Was termination <input type="checkbox"/> Voluntary? <input type="checkbox"/> Involuntary?	
Your position and duties:				Dates of employment: From: _____ To: _____ Ending pay: _____	
Exact reason for leaving:					

Have you ever been asked to resign from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain: _____ _____	

UNEMPLOYMENT HISTORY:

Please account for any time(s) you were not employed in the last 10 years (list time period and reason) _____ _____ _____ _____
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Please answer accurately. We conduct full background checks on candidates offered employment.

(Do not identify convictions for marijuana-related offenses that are more than two years old; or convictions for which the criminal record has been expunged, sealed or eradicated by the court; or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)	
Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever, under your name or another, been convicted of a crime which resulted in your being in prison and released from prison or paroled? If yes, explain each conviction fully including when, where and of what you were convicted and disposition of the case(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? If yes, state the nature of the crime charged, and when and where the trial is pending.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Note: No applicant will be denied employment solely on the grounds that he/she has been charged, committed or been convicted (or pleaded guilty or nolo contendere) of a criminal offense; or, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)	
Have you ever been convicted for driving under the influence (DUI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE:

Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed. Anyone offered employment will be subject to a complete background check and may also be subject to a credit check and/or drug screen. If there is no opening in the position(s) you are seeking, your application will be kept active for thirty (30) days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our Company. Please read the following carefully, print your name, initial, sign and date.

Authorization

**Please read the following carefully, initial each paragraph, then sign below.
Please complete and sign any separate documents which may be attached.**

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omission may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background checks or drug screening which may be required.

_____ Initials

DRUG & ALCOHOL SCREENING

I give permission for a drug/alcohol screening exam. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate agreement.)

_____ Initials

OTHER EMPLOYMENT

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have been given permission in writing by the Company.

_____ Initials

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the Company to determine my eligibility for employment. (See separate disclosure agreement.)

_____ Initials

RELEASE

I voluntarily waive all recourse and release the company, individual or organization from liability for complying with any request from the Company or agents of the Company (including any consumer reporting agency) to obtain information from any source whatsoever relating to my application for employment. I further release the company or any individual within the Company regarding the use of any information received which may have a bearing on my application for employment.

_____ Initials

NOTIFICATION & COMPLIANCE WITH RULES

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

_____ Initials

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding.

_____ Initials

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print name: _____



Drug Testing Authorization/Record Release

The position you are applying for comes under a drug-free workplace policy and as such all candidates for employment must provide a specimen and must consent to testing. All drug tests are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

You will be given a reasonable opportunity to explain a confirmed positive test result to the Medical Review Officer. The laboratory results of the drug test will be maintained by the Medical Review Officer.

I voluntarily consent to provide a specimen at a collection facility designated by the Company and further consent to having the specimen tested at a laboratory selected by the Company.

I further agree that the drug test results will be disclosed to the Medical Review Officer and appropriate Company management.

I understand that I may refuse to comply with this request; however, my refusal will result in rejection of my application for employment. I further understand that a confirmed positive result for the presence of drugs may result in my rejection of my application for employment.

This authorization/record release will remain in effect for 30 days from the date of the signature below.

Applicant's Name (please print)

Date

Applicant's Signature

Witness Signature