

Application for Employment Stoneybrook Golf & Country Club of Sarasota

8801 Stoneybrook Blvd., Sarasota, FL 34238 Administration Office Phone (941) 966-2711)

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. As part of the pre-employment process Stoneybrook requires drug screening and background checks for all applicants prior to hiring and starting employment with Stoneybrook Golf & Country Club. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name		
Las	t First	M.I.
Street Address		
City	State	Zip
Telephone	Email:	
Type of work for which you wi	sh to be considered	
What source led you to make	application with us?	
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Employment History

Please list your <u>complete</u> employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving		
	From:					
	То:					
Address/City						
Name of Supervisor						
May we call? Yes o	r No (please ci	rcle one) Phone:				
Employer	Employed (mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving		
	From:					
	To:					
Address/City						
Name of Supervisor						
May we call? Yes or No (please circle one) Phone:						
Employer	Employed (mo./Yr.)	Type of work performed	Present or last salary	Reason for leaving		
	From:					
	То:					
Address/City						
Name of Supervisor:						
May we call? Yes or No (please circle one) Phone:						

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree			
High School		7 8 9 10 11 12					
College		1 2 3 4 more					
Business or Trade		Months Attended					
If you served in the	United States Arm	ned Forces, briefly describe th	e skills you acquire	ed:			
Personal Information							
	urnish documents to verify y t upon furnishing such docu		with the Immigration Reform	n and Control Act and			
A conviction does not automa	tically bar you from employi	me or are there any pending o		u?			
If you are an experie	enced operator of	any office machines or equipm	nent, please list:				
Do you have any otl	ner skills you wish	to mention?					
Are you presently en	mployed? Yes 🔲	No ☐ if so, may we contact y	our present employ	yer? Yes□ No□			
If hired, when would you be available?							
What are your salary requirements?							

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature	Date
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