



GAILLARDIA

COUNTRY CLUB

APPLICATION FOR EMPLOYMENT DATE: _____

Name: _____ S.S.N. _____
Last, First, Middle

Address: _____ Length of Residence _____
Street Number, City, State, Zip

Home Phone # _____ Business Phone # _____ Date Avail. for Work: _____

Are you at least 18 years of age? (If not, please state your age) _____ Presently Employed? _____

Are you eligible to work in the U.S.? _____ Do you possess a valid driver's license? _____

Are you available to work Full Time Part Time Shift Work Temp.

Skills and Qualifications

Certification/Licenses applicable to the position applying for: _____

List any career objectives you may have _____

Have you ever been convicted of a felony? _____ If so, when, where, and disposition of offense? _____

(Record of conviction does not necessarily disqualify an applicant from employment consideration)

Education

School Name/Address/Telephone	# of Yrs. Completed	Area of Study	Did you Graduate?

PLEASE COMPLETE REVERSE SIDE

EMPLOYMENT HISTORY

Begin with last position, first. At least 7 years of work history must be provided (attach additional paper if necessary).

1. Company/Address/Telephone _____

Supervisor Name _____ Dates(Month/Year): From _____ To _____

Position Held _____ Rate of Pay _____

Reason For Leaving _____

2. Company/Address/Telephone _____

Supervisor Name _____ Dates(Month/Year): From _____ To _____

Position Held _____ Rate of Pay _____

Reason For Leaving _____

3. Company/Address/Telephone _____

Supervisor Name _____ Dates(Month/Year): From _____ To _____

Position Held _____ Rate of Pay _____

Reason For Leaving _____

May we contact your Present Employer? _____

REFERENCES

Give name, address, and telephone number who are not related to you and are not previous employees

1. _____

2. _____

3. _____

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of, or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. It is my understanding that Accord Human Resources will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Accord and I release from liability any person giving or receiving such information. I agree that my employment is at will and may be terminated by Accord or myself at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand that this is an application for employment and that no employment contract is being offered, nor will any result from my employment with Accord. I understand that if I am employed, such employment is for no definite period of time and that Accord can change wages, benefits and conditions at any time. I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

Signature _____

REFERENCE CHECK

1. Reference _____

Comments _____

Checked By _____

2. Reference _____

Comments _____

Checked By _____

3. Reference _____

Comments _____

Checked By _____