



# Employment Application

\*Please Print Clearly

Date: \_\_\_\_\_

## Applicant Information

We are an equal opportunity employer. Applicants are considered positions without regard to veteran status, uniformed service-member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

In this application, the Company refers to Chestnut Hill Country Club, Inc. and I, you, or me refers to you, the applicant.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY THE APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATED THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON WITH OR WITHOUT CAUSE FOR NOTICE.

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for:					Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Do you have a legal right to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you previously applied for employment with Chestnut Hill Country Club?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date available for employment:			

## Education

High School	Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma	
College	Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma	
Other	Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma	

## Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From							
To							

## References

Name/Occupation	Address	Phone

## Employment History

(List all present and past employment beginning with most recent)

<b>Company Name and Address</b>					
Immediate Supervisor			Phone		
Reason for Leaving (If applicable)					
Job Title			May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Company Name and Address</b>					
Immediate Supervisor			Phone		
Reason for Leaving (If applicable)					
Job Title			May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Company Name and Address</b>					
Immediate Supervisor			Phone		
Reason for Leaving (If applicable)					
Job Title			May we contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Disclaimer and Signature

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I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to legally work in the United States by this Company. I also understand this company employs only individuals who are legally eligible to work in the United States.

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.**

**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.**

<b>Signature</b>	<b>Date</b>
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