

Applicant Name: _____

Today's Date: _____

APPLICATION FOR EMPLOYMENT



An EEO Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Work History

List names of last four employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please give month and year.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Name of Employer		Name of Last Supervisor	
Address	City	State	Zip
Telephone No. (Area Code)	Title	Employed from:	To:
Reason for leaving		Starting Salary:	Final Salary:
Duties (Be specific in regard to supervisory, technical or financial duties, etc.)			

Name of Employer		Name of Last Supervisor	
Address	City	State	Zip
Telephone No. (Area Code)	Title	Employed from:	To:
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Reason for leaving		Starting Salary:	Final Salary:
Duties (Be specific in regard to supervisory, technical or financial duties, etc.)			

References

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Instructions

Each question should be fully and accurately answered. **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

Last Name (Please Print)	First	Middle	Are you 18 years or older? <small>(If you are hired you may be required to submit proof of age.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address	Number and Street	City	State	Zip Code
Telephone No. (Area Code)	Email	U.S. Citizenship or Valid Work Permit <small>(If you are hired you may be required to furnish proof you are eligible to work in the U.S.)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No

General

How were you referred to Sanctuary?	Position Applied For		
Have you ever been employed by Sanctuary or any Affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Date of Employment	
Have you ever applied at Sanctuary before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Approximate Date Month _____ Year _____	
Do you have any relatives working for Sanctuary?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any law violation (except a minor traffic violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give particulars: _____ (Conviction will not necessarily disqualify applicant from employment.)			
If employed, do you expect to be engaged in any additional business or employment outside of our job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details _____			

Availability

Date Available for Work	Salary Expected
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Education

Name, Address and Location of School	Number of Years Completed	Did You Graduate?
High School _____		
College or University _____ Major/Degree _____		
College or University _____ Major/Degree _____		
Additional Education and/or Vocational or Technical Training Information		
School _____		

Special Skills

What skills or additional training do you have that are related to the job for which you are applying? _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

Affidavit

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CHAIRMAN OR CEO OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHAIRMAN OR CEO AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

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

Signature _____ Date _____



Sanctuary Golf Course

AUTHORIZATION AND GENERAL RELEASE

BACKGROUND REPORT

I, the undersigned, authorize Sanctuary Golf Course ("The Company") to obtain by and through itself or an independent contractor a background report. Including but not limited to the following consumer report. Investigative consumer report, and/or a criminal record history, driving, employment, military, civil and educational data and other reports on me in connection with my application for employment and/or my continued employment with the company.

I understand and authorize Company to contact any or all of my former employers or any or all of the references I have supplied to it, for the purpose of verifying any of the information I have provided to Company, and/or for the purpose of obtaining any information whatever, whether "favorable or unfavorable, about me or my employment with any former employer.

I understand that a consumer report and/or investigative consumer report may include, but is not limited to information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal interviews; my personal credit history based on reports from any credit bureau; my driving history including any traffic citations; a social security number verification; present and former addresses; criminal and civil history or records; and any other public records. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of an investigative consumer report, if any, or which I am the subject upon written request. Such disclosure of the nature and scope of the investigation, if requested, will be made no later than five days after the date on which the written request was received by the Company or a report was first requested, which ever is later. I also understand that I may request and receive a written summary of my rights under the Fair Credit Reporting Act

I further authorize any person, business entity, educational institution, or governmental agency who may have information relevant to the above identified consumer report and/or investigative consumer report to disclose all such information to the Company, or to the independent contractor obtaining such information on the Company's behalf, including, but not limited to, any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources.

I further release the Company, and independent contractor obtaining such records and/or information on the Company's behalf, and any and all persons, business entities, educational institutions, governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me or anyone making claims on my behalf, for providing any and all requested information in connection with or relating to obtaining a consumer report and/or investigative report on me. In the event I am hired, I understand that this Authorization/Release form shall remain in effect for the duration of my employment with the Company.

Applicant/Employee Name _____

DOB _____ SS# _____

Applicant/Employee Signature _____