



EMPLOYMENT APPLICATION

Position(s) _____
 Applying _____
 For: _____

346 ARNOLD PALMER DRIVE
 P.O. BOX 616
 LATROBE, PA 15650

AN EQUAL OPPORTUNITY EMPLOYER M/F

DATE _____

P E R S O N A L	Last Name		First	Middle	Social Security Number		
	Street Address				Best Phone Number Where You Can Be Reached		
	City, State, Zip				Alternate Telephone Number		
	Last Previous Address (Street, city, state, zip)				Salary Desired		
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____			Have you ever been employed with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____			
	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?		

E D U C A T I O N	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE	COURSE OF STUDY
	High School or Preparatory				
	Business or Trade				
	College				
	Graduate School				
COLLEGE GRADE POINT AVERAGE:		HOW WAS YOUR COLLEGE EDUCATION FINANCED?			
Cumulative Overall: _____		<input type="checkbox"/> Scholarships..... _____ % <input type="checkbox"/> Parents..... _____ % <input type="checkbox"/> Part Time Employment..... _____ %			
Cumulative Major: _____					

INDUSTRY SPECIFIC SKILLS:

S K I L L S	Golf:	Merchandising:
	Food & Beverage:	Finance/Human Resources:
	Marketing/Membership:	Agronomy:

Please give accurate and complete full-time and part-time employment information. Start with your present or most recent employer. Account for periods of unemployment in excess of three months.

Company Name		(Area Code) Telephone Number	
Address (Street, City, State, Zip)		Date of Employment (Month & Year) From To	
Name of Supervisor		Starting Salary	Ending Salary
State Your Job Title and Describe Your Responsibilities _____ _____		Reason For Leaving	

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Company Name		(Area Code) Telephone Number	
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State Your Job Title and Describe Your Responsibilities _____ _____		Reason For Leaving	

Were you ever discharged or asked to resign from any position?

Yes No Date (month/year) _____ Reason: _____

Name of Employer: _____ Address: _____

M I S C E L L A N E O U S	PROFESSIONAL ACTIVITIES, AFFILIATIONS & ASSOCIATIONS (Exclude those which may disclose race, color, religion, sex, age or national origin)	

	Driver's License Number: _____	State: _____
Have you ever been convicted of a felony or a job related misdemeanor? (If YES, explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any motor vehicle convictions: (If YES, explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
	Branch of Service: _____	
	Describe your duties and any special training: _____	
	Period of active duty: (month and year)	
	From _____	To _____ Rank at Discharge _____
U.S. Armed Forces Reserve Affiliation _____		
Date of final Discharge _____		

R E F E R E N C E S	We may contact the employers previously listed unless you indicate otherwise.		
	Employer not to contact:		Reason:
	1. _____		_____
	2. _____		_____
	List four individuals (not relatives) below who know your character, ability and experience, of which at least two are business references. If you have supervisory experience, please list one direct report reference (reported to you).		
	Name AND Indicate Relationship	Address (Street, City, State, Zip)	Telephone Number

HOW DID YOU HEAR ABOUT THIS COMPANY FOR EMPLOYMENT?

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- () Individual Referred Me Name: _____
- () Advertising (select one) () Radio () Newspaper () Other Explain _____
- () Private Employment Agency Agency: _____
- () State Employment Service
- () Social Agency Agency: _____
- () Walk -in
- () College Recruiting College: _____
- () Other Explain _____

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Employment at Arnold Palmer's Latrobe Country Club is for no fixed period of time and may be terminated by me at any time. No oral representation to the contrary has been made to me and I further understand that no employee of Arnold Palmer's Latrobe Country Club is authorized to made any such representation. I also understand any misrepresentation on the application is reason for immediate dismissal.

Further, I certify that the foregoing information is accurate and complete. No information has been withheld which would affect my application unfavorably. I hereby authorize Arnold Palmer's Latrobe Country Club or their authorized agent to inquire of each of my former employers and all other persons having information concerning me, to disclose to Arnold Palmer's Latrobe Country Club or their authorized agent, my full employment record and nay other information they may have concerning me. Further, I hereby authorize Arnold Palmer's Latrobe Country Club to disclose my full employment record, including my reason for terminations, or any other information concerning me, to any person with whom I may hereafter seek employment. I hereby release Arnold Palmer's Latrobe Country Club from any and all liability for such disclosure.

Signature

Date