

The Salem Country Club
600 Country Club Drive
Salem, Ohio 44460
(234) 564-2997



president@salemcountryclub.net

www.salemcountryclub.net

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Please Print in Full

Last Name First Name Middle Name

Date_____

Address

Social Security No._____

City State Zip

Telephone_____

Job Applied For: First Choice_____
Second Choice_____

Cell Phone_____

Years Experience_____

Years Experience_____

Willing to work any shift? Yes_____ No_____

Date Available to Start Work_____

PERSONAL INFORMATION

Are you a citizen of the United States?_____

If not, are you legally eligible to be employed in the U.S. (proof required by law)?_____

*Have you ever been convicted of any law violation (Except minor traffic violations)?_____

If yes, give particulars_____

*An applicant must answer the question unless the record has been expunged (sealed) pursuant to §2953.32, et seq. Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position being applied for. An affirmative answer will not automatically exclude you from consideration for employment.

Military Status:

Service U.S. Forces From_____ To_____

Branch_____ Rank_____

EDUCATIONAL RECORD

(Name and Address)

Circle grade completed

Did you graduate(yes or no)?

Last Elementary School

1 2 3 4 5 6 7 8

Last High School

9 10 11 12

College or University

Major Field:

Degree:

Additional Educational Information:

EXPERIENCE

Have you ever worked here before? Yes_____ No_____

If you have any experience that applies to the position please list below (ex. Type of machinery, tools, computers, electrical, maintenance, etc.).

Would you be able to perform the duties of this position either with or without reasonable accommodation? Yes_____ No_____ (Note: If you have any questions as to what functions are applicable to the position for which you are applying, ask before you answer the above question).

Include U.S. military service and any periods of unemployment. Give complete names and addresses. If self-employed give firm name and one business reference.

Employed From To	Give most recent employer first Employers name and phone #	Name of Last Supervisor	What did you do?	Salary or Wage	Reason for Leaving

In applying here for employment it is understood that we reserve the privilege of contacting past employers regarding references. May we also contact your present employer at this time? Yes_____ No_____

Are there any additional comments you would care to make regarding your experience or special skills?

Why are you interested in employment here?

Did an refer you for the position you are applying for? If so, please list their full name_____

Affidavit: I certify that the information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that, if I am employed by the Salem Country Club, any misrepresentation or false statements may be considered cause for dismissal, regardless of when discovered. I hereby authorize the Salem Country Club to investigate all statements on this application as may be necessary. I further authorize the references and employers listed above to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also hold such persons/entities providing such information harmless with respect to the information they provide.

I understand that the completion of this application does not guarantee employment with this employer. I further understand and acknowledge that if I am offered employment, I will be an employee-at-will, and my employment may be terminated with or without cause, with or without notice, at any time, at the option of the Company or me. I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative. I understand that I may be required to take and successfully pass a drug/alcohol test as a condition of employment and that refusal to take such tests will disqualify me for employment and/or result in my discharge if hired.

I understand that this application will be considered active for only 6 months, after which time it may be discarded. If I wish to be considered for employment after this time, I need to fill out a new application.

Signature_____Date_____

Do Not Write Below This Line

Disposition_____Date Employed_____Starting Rate \$_____Per_____

Job Classification_____Department_____Clock No._____

Interviewed By_____Application information checked by: Name_____Date_____