



Employment Application

Belle Haven Country Club, Inc.

It is of critical importance that all information provided on this application be accurate and truthful. It is our policy to verify information regarding an applicant's background, including but not limited to such items as dates of previous employment, salary progressions, and reasons for leaving previous employment.

GENERAL INFORMATION

NAME			
Last Name		First Name	Middle Name
PRESENT ADDRESS:			
House Number & Street		City	State
Zip Code			
PREVIOUS ADDRESS:			
House Number & Street		City	State
Zip Code			
Home Telephone#	Cell Phone	Email Address:	

I am a U.S. Citizen or National of the U.S., an alien lawfully working for permanent residence, or an alien authorized to work in the United States.	YES	Are you under the age of 16? (If answered Yes, you must provide required working papers if hired.)	YES
	NO		NO

Note: Upon request, and prior to commencement of employment, you must provide documentation that establishes your identity and authorization to work in the United States.

If the position requires driving, do you have a valid driver's license?	YES	NO	Has your driver's license ever been revoked?	YES	NO
			If you answered YES to this question, please explain:		

License State:	License Number:	License Class:
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POSITION

Position Applied for:	Date Available for Work:	Salary Expectations:
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Type of Employment Desired	Full-Time	Part-Time	Seasonal	Temporary
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Have you Applied, Interviewed or ever Been Employed by Belle Haven Country Club previously?	YES	If yes, please provided the date and position for which you applied or worked , and the reason for leaving: _____
	NO	

How did you hear about this position?	Employee: Name?	Newspaper	BHCC Website	Other:
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EMPLOYMENT HISTORY

PRESENT EMPLOYER:				ADDRESS:			
May we contact this employer? YES NO		Supervisor's Name:			Contact Number:		
Employed from:	To		Job Title:				
	Month/ Year	Month/ Year	Starting Salary :	Current Salary :	Other Comp:		
Major Duties:				Reason for leaving:			
PREVIOUS EMPLOYER 1:				ADDRESS:			
May we contact this employer? YES NO		Supervisor's Name:			Contact Number:		
Employed from:	To		Job Title:				
	Month/ Year	Month/ Year	Starting Salary :	Current Salary :	Other Comp:		
Major Duties:				Reason for leaving:			
PREVIOUS EMPLOYER 2:				ADDRESS:			
May we contact this employer? YES NO		Supervisor's Name:			Contact Number:		
Employed from:	To		Job Title:				
	Month/ Year	Month/ Year	Starting Salary :	Current Salary :	Other Comp:		
Major Duties:				Reason for leaving:			



EDUCATION

SCHOOL	MAILING ADDRESS	YEARS COMPLETED	MAJOR	DEGREE OR DIPLOMA
High School				
College				
Business or Vocational School				

SKILLS SUMMARY

Describe any other experience, skills or qualifications that you feel would help you perform the job for which you are applying.

REFERENCES (Please exclude relatives and former employees)

NAME	TITLE	COMPANY	TELEPHONE NUMBER



APPLICANT STATEMENT

Unless otherwise clear from the context, the use in the Applicant Statement of “the Company” refers to Belle Haven Country Club, Inc.

In completing and signing this application for employment, and any supplements to this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or separation from the Company’s service if I am employed. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements made by me on this application.

Smoke-Free Facilities:Belle Haven Country Club is a smoke-free workplace environment. In an effort to provide a healthy, service-oriented environment for all Associates, there is no smoking by Associates permitted on Belle Haven Country Club property.

Drug-Free Workplace& Alcohol- Free Policy: The use of illegal drugs is prohibited on Belle Haven Country Club property, to include all areas of the workplace occupied or used by Belle Haven Country Club Associates. In an effort to ensure compliance with our drug-free workplace policy, Belle Haven Country Club reserves the right to administer random drug testing to any and/or all employees without notice.

I understand further that I may be required to undergo a medical examination for certain positions, and as a condition of my employment, I consent to undergoing such examination and/or test, or any such future examination and/or test, as may be required by the Company. I understand that any offer of employment is conditional upon the results of such examination and/or test.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me or to provide me with any other benefit.

The facts set forth in this application are true and correct. I understand that if employed, any false or misleading statements or omissions may result in my dismissal, regardless of when such information is discovered. My signature below certifies that I have read the above and understand and agree to it, and that all entries made by me are true and correct.

Signature of Applicant: _____ Date: _____
(Name: _____)

Applicant’s Consent for Reference Check(s):

I hereby authorize any person, company and/or educational institution I have listed as a reference on this employment application to fully disclose in good faith any information they may have regarding my qualifications for employment. I will not hold any prospective or former employer, educational institutions, and/or any other persons providing reference information liable for the exchange of this information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Signature of Applicant: _____ Date: _____
(Name: _____)