



FLAGG CREEK GOLF COURSE
 6939 S. Wolf Road
 Countryside, IL 60525
 708-246-3336
www.flaggcreekgolfcourse.org

APPLICATION FOR EMPLOYMENT

It is the policy of the City of Countryside and Flagg Creek Golf Course to ensure equal opportunity for all individuals without regard to race, color, religion, sex, age, national origin, marital/veteran status, disability or any other legally protected status in accordance with all applicable legal requirements. Please type or hand print an answer to every question **in ink**. Incomplete applications may be subject to rejection. In addition to your completed application, you may attach a resume reflecting your work history.

PERSONAL INFORMATION	
Name (Last, First, MI):	Date of Application:
Current Address (include Street, City, and Zip Code):	Home Phone:
	Cell Phone:
	Email Address:
BACKGROUND INFORMATION	
Position applying for:	
Are you seeking (check appropriate): Full-time _____ Part-time _____ Seasonal _____ Temporary _____	
Please indicate how you heard about the job you are applying for.	
Walk-in _____ Newspaper _____ Flagg Creek Website _____ Employee/Relative _____	
Date available to start employment:	Expected minimum salary:
Are you at least 18 years of age? Yes ___ No ___	Are you legally eligible for employment in the U.S.? Yes ___ No ___
Do you have a valid Driver's License? Yes _____ No _____	
Driver's License Number: _____ State _____ Class _____	
Are you related to any employee of the City of Countryside or the Golf Course? Yes _____ No _____	
If yes, state their name and relationship to you: _____	
Have you filed an application here before? Yes _____ No _____	
If yes, give position(s) applied for? _____	
Have you ever been previously employed by the City of Countryside or the Golf Course? Yes _____ No _____	
When? _____ In what position? _____	

EDUCATION

Name of school attended & location: (include address, City & State)	Course of study:	Circle last year completed:	Did you graduate?	List degree received:
High School:		9 10 11 12	Yes ___ No ___	
College/ University:		1 2 3 4	Yes ___ No ___	
Graduate School:		1 2 3 4	Yes ___ No ___	
Other (Specify):		1 2 3 4	Yes ___ No ___	

ADDITIONAL JOB-RELATED QUALIFICATIONS

Do you hold any certifications and/or licenses? Yes _____ No _____

If you answered yes to the above, please list:

Please use the space below to summarize any special job-related qualifications, training, (including military or apprenticeship), computer skills, and/or experience which you feel should be considered in reviewing your application.

EMPLOYMENT HISTORY

List your last three (3) employers, starting with the most recent, and provide all the information requested. You may attach a resume; however, a resume will **not** substitute for the information required in this section. Your application will be rejected if you refer to attachments instead of completing the following boxes.

Are you presently employed? Yes ___ No ___	If yes, may we contact your employer? Yes ___ No ___
Employer:	Address:
Telephone:	Address:
Supervisor:	Supervisor's Title:
Description of Duties:	
Dates Employed: From _____ To _____ (mo/yr) (mo/yr)	Last Salary: _____
	Reason for leaving: _____

Employer:	Address:	
Telephone:	Address:	
Supervisor:	Supervisor's Title:	
Description of Duties:		
Dates Employed: From _____ To _____ (mo/yr) (mo/yr)		Last Salary:
		Reason for leaving:

Employer:	Address:	
Telephone:	Address:	
Supervisor:	Supervisor's Title:	
Description of Duties:		
Dates Employed: From _____ To _____ (mo/yr) (mo/yr)		Last Salary:
		Reason for leaving:

REFERENCES

Please provide contact information for three (3) business/work references who are not related to you and are not previous supervisors.

Name:	Telephone number:
Company	Years known:
Business relationship:	

Name:	Telephone number:
Company	Years known:
Business relationship:	

Name:	Telephone number:
Company	Years known:
Business relationship:	

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that information contained in the application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, on this application shall be considered sufficient cause for cancellation of my application or termination of employment.

I acknowledge that I have read the above statement and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

My signature below confirms I have read, understand and agree with the above statements.

Signature: _____

Print Name: _____

Date: _____



**Flagg Creek Golf Course is an
EQUAL OPPORTUNITY EMPLOYER**



Sean R. McDermott
MAYOR

Susan Burdett
CITY CLERK

Caryn Stancik
TREASURER

ALDERMEN
Mark G. Benson
John Finn
James N. Jasinski
Thomas A. Mikolyzk
Scott Musillami
John Von Drasek

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I understand that any background investigation, including physical examination, which may be made, consists of confidential material which will not be released to me. Furthermore, I hereby authorize the City of Countryside, the Countryside Police Department or its agents to contact former employers, review any and all personnel/employment records, and conduct any criminal and credit history inquiries they deem necessary as part of this background investigation. Copies of this authorization may be provided to such employers and said copies may be treated as if they were signed originals.

Name (Print)

Signature

Date