

# CYPRESS CREEK GOLFERS CLUB

Employment Application



## APPLICANT INFORMATION

|   |                              |                             |  |                              |                             |       |                      |       |  |  |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-------|----------------------|-------|--|--|
| Last Name                                     |                              |                             |  | First                        |                             |       | M.I.                 | Date  |  |  |
| Street Address                                |                              |                             |  |                              |                             |       | Apartment/Unit #     |       |  |  |
| City  |                              |                             |  | State                        |                             |       | ZIP                  |       |  |  |
| Phone   |                              |                             |  | E-mail Address               |                             |       |                      |       |  |  |
| How soon can you report to work               |                              |                             |  | Social Security No.          |                             |       | Rate of Pay Expected |       |  |  |
| Position Applied for (circle ones that apply) |                              |                             |  | Cart Staff                   | Proshop                     | Grill | Maintenance          | Other |  |  |
| Are you a citizen of the United States?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |       |                      |       |  |  |
| Have you ever worked for this company?        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |       |                      |       |  |  |
| Have you ever been convicted of a felony?     | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |       |                      |       |  |  |

## EDUCATION

|             |  |    |  |                   |                              |                             |        |  |  |  |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|--|
| High School |  |    |  | Address           |                              |                             |        |  |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |
| College     |  |    |  | Address           |                              |                             |        |  |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |
| Other       |  |    |  | Address           |                              |                             |        |  |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |

## REFERENCES

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, EXPERIENCE, EQUIPMENT OPERATION, OR OTHER QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|