

Chestnut Valley Golf Club & Restaurant

Employment Application

(please print)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security No: _____

Position Applied For: _____

Are you a citizen of the United States: Yes No

If not, do you have work papers? _____

Do you voluntarily identify yourself as a veteran for reporting purposes? Yes No

If under the age of 18, do you have a work permit? Yes No

Education

High School: Name: _____ Location: _____

Did you graduate: _____ Degree: _____

Bus/Trade: Name: _____ Location: _____

Did you graduate: _____ Degree: _____

Col/Univ: Name: _____ Location: _____

Did you graduate: _____ Degree: _____

Grad/Prof: Name: _____ Location: _____

Did you graduate: _____ Degree: _____

Previous Employment

(please begin with most recent employer)

Employer: _____ Position: _____

Address: _____ City/State: _____

Zip: _____ Dates of Employment: _____

Ending Salary: _____ Reason for leaving: _____

Employer: _____ Position: _____
Address: _____ City/State: _____
Zip: _____ Dates of Employment: _____
Ending Salary: _____ Reason for leaving: _____

Employer: _____ Position: _____
Address: _____ City/State: _____
Zip: _____ Dates of Employment: _____
Ending Salary: _____ Reason for leaving: _____

References

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ How long known: _____

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ How long known: _____

Were you referred to our organization? By whom? _____

Please summarize your special skills and qualifications for the position you are applying:

Special Awards/Honors/Recognitions: _____

I certify that my answers are true and complete to the best of my knowledge.

I authorize Chestnut Valley Golf Club & Restaurant to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

For Departmental Use Only:

Action Taken: _____ Date: _____

Hiring Supervisor: _____



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