



EAGLE VALE EMPLOYMENT APPLICATION

4344 Nine Mile Point Road
Fairport, NY 14450
(585) 377-5200

Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, non-job related handicap or disability or veteran status.

PERSONAL BACKGROUND

Name _____ Social Security Number _____

Present Address _____

Permanent Address _____

Phone No. () _____ Referred by _____

Department applying for (circle one) PRO SHOP BANQUET ARGYLE GRILL GROUNDS OFFICE OTHER

Position applying for _____ Date you can start _____ Salary Desired _____

Are you employed? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ When? _____

Are you willing to work overtime? _____

U.S. Military or Naval Service _____ Rank _____

If driving is a requirement of the job for which you are applying (ex. Grounds) do you have a current, valid driver's license? _____

License # _____ State _____

Continued employment is contingent on your maintaining a current, valid driver's license.

If under 18 years of age, do you have a work permit? _____

After employment, can you submit verification of your legal right to work in the U.S.? _____

Have you ever been convicted of a felony? (A conviction record will not necessarily be a bar to employment.) _____

Please explain. _____

EDUCATIONAL BACKGROUND

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	GRADUATED? YES/NO	MAJOR AREA OF STUDY
HIGH SCHOOL		9 10 11 12		
COLLEGE		13 14 15 16		
TRADE, BUSINESS, OR GRADUATE SCHOOL				

SPECIALIZED TECHNICAL SKILLS (i.e. Computer Skills, Equipment Operation)

PHYSICAL RECORD

Do you have any handicap or disability which would substantially interfere with your ability to perform the essential duties of the job for which you have applied? If yes, what can be done to accommodate your limitations? _____

During the last five years, have you received, or are you currently receiving, any benefits (partial or full) from Workers' Compensation as a result of an accident or injury? _____ If yes, Dates benefits received _____ Nature of injury _____

WORK EXPERIENCE (List below last four employers, starting with your present or last place of employment.)

Date Mo./Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr: To:					
Fr: To:					
Fr: To:					
Fr: To:					

May we contact your present employer at this time? _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three years.

Name & Occupation	Address	Telephone Number	Years Known
1. _____			
2. _____			
3. _____			

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature

Date

For Office Use Only:

Person Conducting Interview: _____ Date _____

NOTES

Hired? _____ Department _____ Salary _____ Start Date _____