

Application for Employment



Statement of Values

Dear Applicant:

Welcome to Sulphur Springs Country Club. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.
- Most positions require lifting
- Our nature of work requires employee to work odd hours, weekends and holidays
- SSCC may require employees to take pre-employment physical and drug test

If this feels like an environment for you, please complete the application.



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Position(s) applied for		Date_	/ /
How did you find out about this job?	O Newspaper O Employee O Wa	lk-in ORelative OOther	
Why are you seeking a new job at thi	s time?		
Applicant Informati	on		
First Name	Middle		
Street Address			
City/State/Zip		Email Address	
Home Phone	Cell Phone or Best Way to	Contact You	
If hired, do you have a reliable means	s of transportation to get to work?	Describe	
Are you at least 18 years old?	If you are under 18 years of age, ca	n you furnish a work permit?	
If the job you are applying for require	es driving: Driver's License No	State	_Expiration Date
Are you legally eligible for employm	ent in the U.S.?(Proof of U	.S. citizenship or immigration	status is required if hired.)

Employment Information

Are you seeking full time, part time or temporary employment?
What hours and shift(s) would you prefer to work?
List times you are not available to work?
Are you willing to work: Weekends? Holidays? Are you currently employed? If hired, when would you be able to start?
Have you ever worked for this organization before? If yes, name used:
List any friends or relatives employed by SSCC:
List References

Education (circle highest level achieved)

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1 2 3 4 5 6 7 8 9 10 11 12 G.E.D	College: 1 2 3 4 5 6 7 8
Name of School:	Name of School:
Location of School:	Location of School:
If in high school, are you enrolled in a recognized co-op program? O Yes O No	Degree & Major:
If yes, identify program and school:	Minor:

Work History (please begin with most recent)

1.	Company		Phone No. with Area Code ()	
	Address		City/State/Zip	
	Dates of Employment: From	To	Salary: BeginningE	nding
	Job Title		Supervisor's Name & Title	
	Describe duties briefly:			
2.	Company		Phone No. with Area Code ()	
	Address		City/State/Zip	
	Dates of Employment: From	To	Salary: BeginningE	nding
	Job Title		Supervisor's Name & Title	
	Describe duties briefly:			
	Specific reason for leaving:			
3.			Phone No. with Area Code ()	
	Address		City/State/Zip	
	Dates of Employment: From	To	Salary: BeginningE	nding
	Job Title		Supervisor's Name &Title	
	Describe duties briefly:			
4.	Company		Phone No. with Area Code ()	
	Address		City/State/Zip	
	Dates of Employment: From	To	Salary: BeginningE	nding
	Job Title		Supervisor's Name & Title	
	Describe duties briefly:			

For references purposes: Have you worked for any of these organizations or attended school under a different name?

May we contact the employers listed above?	If not, list the employers you do not wish us to contact and why	

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-atwill status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature

_____Date _____

Name (please print)