



# Application for Employment

**DIRECTIONS:** TYPE OR PRINT, USING BLUE OR BLACK INK. DO NOT FORGET TO SIGN THE APPLICATION ON THE BACK PAGE.

## Personal Information

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. - DAY ( )	PHONE NO. - EVENING ( )
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			ALTERNATE PHONE NO. ( )	ARE YOU UNDER 18?  ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES?
HAVE YOU PREVIOUSLY WORKED FOR US? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT	LOCATION	POSITION	SUPERVISOR
IF HIRED, CAN YOU PROVIDE PROOF OR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? \_\_\_\_\_ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

## Employment Desired

LIST POSITION APPLYING FOR:		SOURCE OF REFERRAL: <input type="checkbox"/> TROON ASSOCIATE <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> PROFESSIONAL PUBLICATION <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WEBSITE /ONLINE JOB SITE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER, PLEASE INDICATE:		DESIRED WORK LOCATION(S):	
CHECK EMPLOYMENT TYPE BELOW: <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> SEASONAL PART TIME <input type="checkbox"/> SEASONAL FULL TIME <input type="checkbox"/> ON-CALL		DATE AVAILABLE	DESIRED WAGES \$ _____ PER YEAR \$ _____ OR PER HOUR	SPECIFY YOUR AVAILABILITY, DAY OR EVENING SHIFTS; DAYS OF THE WEEK	TIMES AVAILABLE FOR WORK

**Note: Even if you have submitted a resume, you still need to complete the Employment Record, Education & Training, and References sections. Please be sure to provide all of the requested information in order to ensure that your application will be considered.**

## Employment Record

LIST MOST RECENT EMPLOYMENT FIRST				
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
POSITION DESCRIPTION				
START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ( )
POSITION DESCRIPTION				

### An Equal Opportunity Employer

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS), AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS, OR ANY OTHER CATEGORY PROTECTED BY LAW. EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES

# Employment Record Continued

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGES	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE (       )
POSITION DESCRIPTION				

# Education & Training

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE

LIST GOLF SKILLS, LICENSES, COMPUTER SKILLS, EQUIPMENT KNOWLEDGE, TYPING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT WITH US

LANGUAGE ABILITY-LIST ONLY THOSE LANGUAGES YOU THINK YOU MIGHT USE FOR WORK PURPOSES:

ENGLISH	SPEAK	READ	WRITE	OTHER PLEASE LIST:	SPEAK	READ	WRITE	OTHER PLEASE LIST:	SPEAK	READ	WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FLUENT	GOOD	FAIR		FLUENT	GOOD	FAIR		FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, INDUSTRY RELATED ASSOCIATIONS, HONORS, CERTIFICATIONS, AND PROFESSIONAL LICENSES YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

# References

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, YOU WILL PERMIT US TO CONTACT, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE/RELATIONSHIP TO APPLICANT	LAST KNOWN ADDRESS	PHONE NUMBERS AND EMAIL ADDRESSES

# Authorization

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING TO TROON GOLF FOR CONSIDERATION.

My signature indicates my promise that the information provided in this application and any accompanying documentation, is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I agree to immediately notify Troon if I should be convicted of a felony, or any crime involving dishonesty, breach of confidentiality, controlled substances, sexual misconduct, abuse or violence while my job application is pending, or during my employment, if hired. I agree to submit to drug testing as well as background checks, as part of the hiring process for certain positions with Troon; and will receive separate notice and release before any such test.

I grant Troon or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application, and on my resume if provided, character information, general reputation, education, and training certification. I hereby authorize and release from any legal liability, all persons, schools, and employers named in this application, to provide Troon with any information or opinion requested related to my potential employability. If hired, I understand that employment with Troon is at-will (for no definite period of time, and may be terminated at any time for any reason, with or without notice).

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_