

Old Lyme Country Club

Application For Employment

DATE

SOCIAL SECURITY NUMBER - -

NAME (Last) (First) (MI) SUFFIX (JR.)

ADDRESS (Number and Street)

CITY STATE ZIP CODE (Last 4 digits are optional)

AREA CODE HOME PHONE NUMBER DAYS/HOURS AVAILABLE TO WORK

POSITION APPLIED FOR

DESIRED HOURLY RATE OF PAY Drivers License Yes No If you are 17 years old or younger, enter your age

What kind of position are you applying for? Full time Part time Either HOW MANY HOURS CAN YOU WORK PER WEEK?

EDUCATION: Have you graduated from High School or received a High School equivalency diploma? Yes No If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
			FROM	TO				
HIGH SCHOOL								
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No **IMPORTANT NOTICE:** Old Lyme Country Club reserves the right to request drug testing and/or background checks on all perspective employees. By signing this applicaiton, you agree to these terms.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.

Subjects of special study/research, work, or special training/skills:

U.S. Military or Naval Service & Rank:

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage		Hours Per Week	
			\$ _____ Per		(Full-time) (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage		Hours Per Week	
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No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

Professional/Personal References:

Name:	Phone:	Business:	Years Known:

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: _____ DATE: _____