

# Application for Employment

## Lancaster Country Club

1466 New Holland Pike  
Lancaster, PA 17601

### PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 If you are under 18, can you furnish a work permit?  YES  NO

If no, please explain \_\_\_\_\_

Have you ever been employed here before?  YES  NO If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country?  YES  NO

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of this position?  YES  NO

Have you pled "guilty" or "no contest" to, or been convicted of a crime?  YES  NO If yes, please provide details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

From (Month/Year)	To (Month/Year)	Employer	Telephone # ( )
Starting job title/final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work and job responsibilities.	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Per Final \$ Per	
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	
From (Month/Year)	To (Month/Year)	Employer	Telephone # ( )
Starting job title/final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work and job responsibilities.	
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May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Per Final \$ Per	
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	

# Skills and Qualifications

- Word   
  Excel   
  MS Office   
  PowerPoint   
  Internet

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

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# Educational Background (if job related)

School (include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

# References

Name	Title	Relationship To Candidate	Telephone	Number of Years Known

# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and current.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that his application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's general manager.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_