

APPLICATION FOR EMPLOYMENT

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| LAST NAME | FIRST | MIDDLE | DATE |
| STREET ADDRESS | | EMAIL | TELEPHONE # |
| CITY | STATE | ZIP | SOCIAL SECURITY # |
| POSITION(S) APPLIED FOR: _____ | | | |
| ARE LEGALLY AUTHORIZED TO WORK IN THE U.S.? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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| CIRCLE LAST YEAR COMPLETED | NAME & LOCATION: | GRADUATE? | MAJOR: |
|-------------------------------|------------------|--|--------|
| HIGH SCHOOL: 9 - 10 - 11 - 12 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE: 1 - 2 - 3 - 4 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TRADE OR BUSINESS SCHOOL: | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CERTIFICATIONS | | | |

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| ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 1 |
| LIST BELOW YOUR PRESENT AND/OR PAST EMPLOYER(S) | |
| COMPANY NAME: | TELEPHONE: |
| ADDRESS: | EMPLOYMENT DATES: |
| NAME OF SUPERVISOR: | FROM: (MO./YR.) TO: (MO./YR.) |
| JOB TITLE: | REASON FOR LEAVING: |

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| 2 | |
| COMPANY NAME: | TELEPHONE: |
| ADDRESS: | EMPLOYMENT DATES: |
| NAME OF SUPERVISOR: | FROM: (MO./YR.) TO: (MO./YR.) |
| JOB TITLE: | REASON FOR LEAVING: |

| | |
|---------|--|
| 1 | MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? 1. YES <input type="checkbox"/> NO <input type="checkbox"/> |
| REASON: | |
| 2 | YES <input type="checkbox"/> NO <input type="checkbox"/> REASON: |

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HAVE YOU EVER BEEN BONDED? YES NO
 IF YES, WHAT EMPLOYER? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
 IF YES, PLEASE DESCRIBE IN FULL: _____

WERE YOU REFERRED BY SOMEONE TO KENSINGTON? IF SO, WHO? _____

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LIST 3 PERSONS (NOT RELATED TO YOU) WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

| NAME | ADDRESS | CITY | PROFESSION |
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In case of an EMERGENCY notify: (Please Print)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ DAY PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ NIGHT PHONE: (____) _____

I understand that Drug/Alcohol Substance Abuse Testing is required as part of this employment application and that in order to be considered for employment, the results of the tests must be negative. I agree to participate in Drug/Alcohol Substance Abuse Testing and fully release Kensington Golf & Country Club, its employees and agents from all liability in connection with such testing and in any decision by the Club concerning my application.

DATE: _____ SIGNATURE: _____

I consent to Kensington Golf & Country Club seeking and obtaining job related information concerning my previous employment and release my previous employers from all liability in connection with any information provided to the Club concerning my employment. I also grant permission for criminal record (including felony and misdemeanor records) motor vehicle records, and employment (including worker's comp investigation), and education backgrounds to be released to Kensington Golf & Country Club. My signature below indicates that I have read, understood and consented to the above statement, and that I have made correct and complete answers and statements on this application, understanding that they will be relied upon in considering my employment. I understand that any omission, false answer or statement made on this application will be sufficient grounds for my discharge.

DATE: _____ SIGNATURE: _____