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**PLEASE PRINT CLEARLY**

Position/s Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about us?  Advertisement  Employment  Agency  Inquiry  Relative  Friend  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number/s \_\_\_\_\_

Email Address \_\_\_\_\_

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What is the best time to contact you?: \_\_\_\_\_  AM  PM

Have you filled out an application with us before? If yes, provide date: \_\_\_\_\_  YES  NO

Have you ever been employed with us before? If yes, provide date: \_\_\_\_\_  YES  NO

Do any of your friends or relatives work here?  YES  NO

If yes, provide name & relationship: \_\_\_\_\_

If you're currently employed, may we contact your employer for reference?  YES  NO  N/A

Date available to work: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

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If hired, would you have reliable means of transportation to and from work?  YES  NO

If you are under 18 years of age, can you provide a work permit?  YES  NO

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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accomodation? If no, please describe the functions that cannot be performed:  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
School				
High School				
Undergraduate College				
Graduate/ Professional				
Other/Specify				

**WORK EXPERIENCE (START WITH YOUR MOST RECENT EMPLOYER)**

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting/Present Job Title \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ May we contact?  YES  NO  
Work Performed \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting/Present Job Title \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ May we contact?  YES  NO  
Work Performed \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting/Present Job Title \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ May we contact?  YES  NO  
Work Performed \_\_\_\_\_  
\_\_\_\_\_

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## EXPERIENCE AND TRAINING

Describe any specialized training, apprenticeship, skills, or extracurricular activities. \_\_\_\_\_

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List professional, trade, business, or civic activities and offices held. \_\_\_\_\_

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Additional Information. \_\_\_\_\_

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Specialized Skills (Skills & Computer Programs)     PC     MAC     Windows \_\_\_\_\_

Microsoft Office     Word     Excel     PowerPoint     Publisher     10-Key     Jonas     Other \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

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## PERSONAL/PROFESSIONAL REFERENCES

Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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## READ AND SIGN BELOW

I hereby verify that I have not knowingly withheld any information that might be adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize BIGHORN Golf Club to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the company any letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during my interview, which may be granted, is intended to create an employment contract between BIGHORN Golf Club and me. In addition, I determinable period and may be terminated at any time, without prior notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## EQUAL OPPORTUNITY STATEMENT

BIGHORN Golf Club, Inc. is an Equal Opportunity Employer. It is a long standing policy of BIGHORN Golf Club to recognize the dignity of the individual and to be fair and impartial in all the company's relations with its employees and applications without regard to race, color, religious belief, gender, national origin, ancestry, age, marital status, physical handicap, medical condition and any other characteristic protected by law. Employees should feel free to discuss any problems or concerns with regard to this policy with management and should report all perceived violations of this policy.