

Crane Creek Country Club

Employment Application – Please fill out this form completely and legibly. This form will be kept on file for 90 days.

Applicant Information												
Full Name:				Da	te:							
	Last First			Date:								
Address: _	Street Address		Apartment/Unit #									
-	City		State ZIP Code									
Phone: ()		E-mail Add	lress: _								
Date Available: Social Security No.:				Desired Salary: \$								
Position Ap	plied for:											
Are you a c	itizen of the United Sta	NO □ If no, a NO	If no, are you authorized to work in the U.S.?									
Have you e	ver worked for this con	npany?	If so, w	vhen?								
Have you e	ver been convicted of a		70									
If yes, expla	ain:											
Education												
High Schoo	ıl·	Addr										
		Did you gradua	YES		Degree:							
				ш	Degree.							
		Addr	YES	_								
	lo:	Did you gradua	ite? ∐	Ц	Degree:							
		Addr	YES	S NO								
From:	To:	Did you gradua	ate?		Degree:							
			References									
	three professional ref	erences. Please list o			with your w	ork-relat/	ed abilities.					
Full Name:			Relation	onship: _								
Company:					_ Phone:	_()	<u> </u>					
Address: _												
Full Name:				onship: _								
Company:					_ Phone:	_())					
Address: _												
Full Name:			Relation	onship: _								
Company:					_ Phone:	()	1					
Address:												

Previous Employment											
Company:	F	Phone:	()							
Address:											
Job Title: Starting S	alary: _ \$			Ending Salary:	\$						
Responsibilities:											
From: To: Reason for I											
May we contact your previous supervisor for a reference?	YES	NO									
Company:	F	Phone:	_()							
Address:		Sup	ervisor:								
Job Title: Starting Sc	alary: _\$			Ending Salary:	\$						
Responsibilities:											
From: To: Reason for I	·										
May we contact your previous supervisor for a reference?	YES	NO									
Company:	F	Phone:	_()							
Address:		Sup	ervisor:								
Job Title: Starting Sa	alary: <u></u> \$			Ending Salary:	\$						
Responsibilities:											
From: To: Reason for I											
May we contact your previous supervisor for a reference? YES NO □ □											
Milita	ary Service										
Branch:		Fro	om:	To: _							
Rank at Discharge: Type of):								
If other than honorable, explain:											
Disclaime	er and Signa	ture									
I certify that my answers are true and complete to the best of my knowledge. I hereby give CCCC the right to investigate my references, past employment, education, and other matters related to my suitability for employment. I agree to any legally permitted physical, psychological, skill, drug or medical test required as a condition of employment.											
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.											
Signature:				Date:							

Qualified persons are considered for employment without regard to race, color, religion, creed, gender, national origin, age, marital status, veteran status, sexual orientation, or the presence of handicaps or disabilities.