



Butte des Morts Country Club, Inc.

APPLICATION FOR EMPLOYMENT

Butte des Morts is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment based upon an individual's race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation, or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed.

POSITION(S) APPLIED FOR: _____

DATE (Available To Start Work) _____

PERSONAL DATA

Name _____ Social Security Number _____

Address _____
Street Address City State Zip

Daytime Phone at Which You Can Be Reached: Evening Phone at Which You Can Be Reached:

() _____

() _____

Area Code

Area code

GENERAL INFORMATION

1. Have you ever applied for a job with this company in the past? If yes, please give the date of application and position for which you applied. State your name at that time, if different from present name. ___ Yes ___ No
2. Have you ever been employed by this company in the past? If yes, please give dates of employment, position held, and state your name while employed if different from present name. ___ Yes ___ No
3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain: ___ Yes ___ No
4. Do you have any commitments to another employer that might affect your employment with our company? If yes, please explain: ___ Yes ___ No
5. If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? If no, please explain: ___ Yes ___ No
6. If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the U.S. we will explain the legal requirements.) If no, please explain: ___ Yes ___ No

7. Do you now, or will you in the future, require Butte des Morts to sponsor an employment visa for your continued employment? ___ Yes ___ No
8. Have you been convicted of a felony, or released from prison in the past 7 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain. ___ Yes ___ No
9. Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain: ___ Yes ___ No

EDUCATION DATA

SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE? YES – NO	DEGREE DIPLOMA/ CERTIFICATE	MAJOR COURSE OF STUDY
HIGH SCHOOL	CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12			
TECHNICAL, VOCATIONAL BUSINESS, OR MILITARY TRAINING				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
PROFESSIONAL SEMINARS				
Additional JOB-RELATED seminars, short courseS, workshops, or other educational experiences:				
JOB-RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated, and other JOB-RELATED special skills and abilities.				

EMPLOYMENT HISTORY
PRESENT & FORMER EMPLOYERS

(List Present or Most Recent First)

Attach additional sheet if necessary.

Company Name	Dates of Employment	From	To
Address		Supervisor (and phone number, if known)	
City, State Zip		Your name when employed, if different from present	
Job Title & Duties		Reason for Leaving	
Final Salary \$ _____ per _____		May we contact? ___Yes ___No	

Company Name	Dates of Employment	From	To
Address		Supervisor (and phone number, if known)	
City, State Zip		Your name when employed, if different from present	
Job Title & Duties		Reason for Leaving	
Final Salary \$ _____ per _____		May we contact? ___Yes ___No	

Company Name	Dates of Employment	From	To
Address		Supervisor (and phone number, if known)	
City, State Zip		Your name when employed, if different from present	
Job Title & Duties		Reason for Leaving	
Final Salary \$ _____ per _____		May we contact? ___Yes ___No	

Please account for any time you were not employed after leaving school in the past ten years.

Time Period (s)

Reason(s) for Unemployment

REFERENCES

LIST THREE BUSINESS-RELATED INDIVIDUALS WHO ARE NOT FORMER EMPLOYERS

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY,STATE,ZIP</u>	<u>PHONE NO.</u>	<u>OCCUPATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please add any additional information (except that which identifies your race, sex, age, religion, national origin, disability, or other non-job related personal information) that you think may be relevant to a decision to hire you.

IMPORTANT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING.

Initials

- _____ By my signature and initials, I confirm that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my job application is pending or during my employment, if hired.
- _____ I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.
- _____ If offered a job that requires it, I give permission for a job-related complete physical examination, and I consent to the release to the company of any medical information, as may be deemed necessary by the company in judging my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).
- _____ I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted.
- _____ I understand that this application does not, buy itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time.

NAME _____ DATE: _____