

WABEEK COUNTRY CLUB APPLICATION FOR EMPLOYMENT

READ THIS APPLICATION THOROUGHLY BEFORE COMPLETING. FOR THIS APPLICATION TO BE CONSIDERED, YOU MUST FILL IN ALL INFORMATION. PLEASE PRINT CLEARLY. BE SURE TO EXECUTE ALL AREAS OF THIS APPLICATION WHERE YOUR SIGNATURE IS REQUIRED.

DO NOT REMOVE THIS APPLICATION FROM THE PREMISES; THE APPLICATION MUST BE FILLED OUT AT THE CLUB.

Notice to Applicants: Federal and State law require that all applicants be considered without regard to race, religion, color, sex, age or national origin. We believe in and fully support the principles of Equal Employment Opportunity and the Americans with Disabilities Act and will fulfill our obligation to the fullest.

Personal Information

Date:			
Social Security #:		Telephone #:	
			~~~~~
(Last)		(First)	(Middle)
Current Addre	SS:		
	(Number)	(Street)	
	(City)	(State)	(Zip)
	IF LESS THAN O	NE YEAR AT CURRENT AD	DRESS:
Previous Addro			
	(Number)	(Street)	
	(City)	(State)	(Zip)
	(G	eneral Information)	

Position Applying for: _____

If applying for Part Time, specif	y hours and days available	e:			
Sun:	Mon:		Tues:		
Wed:	Thu:		Fri:		
Sat:					
The job for which you are app Holidays and evenings. Are you				ndays, ) No	
Expected Starting Rate: \$	(per hour)	\$	(per	week)	
How did you hear of this position	1?				
Have you worked with Wabeek	Country Club in the past?		( ) Yes (	) No	
If yes, when and how long were y	ou employed?				
Please list skills which qualify yo	u for the position you are	applying for	:		
Friends and/or Relatives workin	g at Wabeek Country Clu	b:			
Have you ever been convicted of	a felony?		( ) Yes (	) No	
If yes, list convictions and dates:					
	Educational History				
Name of High School:		Years	Completed:		
Name of College:	City:		State:		
Years Completed: <u>Military</u> Application Revision: September 04, 2002			Masters:		

Years Completed: _____

Rank:_____

List any specialized training, additional schooling or equipment experience you have received which is applicable to the work you are applying for: _____

# **Personal References**

Minimum of 3 references required; do not list any relatives

Name	Relationship	Phone
1		
2		
3.		

# **Current & Previous Employment**

Please list beginning with your most current employer

Address: Phone:	Position:				
What was the reason you were s	hat was the reason you were separated from this employer?				
( ) Voluntary Quit	( ) Discharge for Cause	(	) Lack of Work		
Supervisor's Name and Title:	-	Ì	·		
May we contact?	( ) Yes	(	) No		
Company Name:					
Address:					
Phone:	Position:				
( ) Voluntary Quit	( ) Discharge for Cause	(	) Lack of Work		
May we contact?	( ) Yes		) No		
Company Name:					
Address:					
Phone:	Position:				
			) Lack of Work		
			,		
May we contact?	( ) Yes		) No		
	Address:	What was the reason you were separated from this employer?    ( ) Voluntary Quit  ( ) Discharge for Cause    Supervisor's Name and Title:	Address:		

## PLEASE READ AND SIGN BELOW

### "At Will" Employment Doctrine

I am aware that this application does not in any way constitute a contract or agreement of any kind. I agree, and I am fully aware that if I am employed, my employment and my compensation may be terminated at any time, with or without reason and/or with or without prior notice by either myself or this employer. I am aware that no supervisor, manager or other representative of this employer other than the General Manager, President or Club Owner has any authority to enter into any employment agreement with me for any reason or for any specific period of time, or to make any agreement contrary to the foregoing provisions; and further, that any such agreement must be made in writing by the General Manager, President or Club Owner. I submit that the information provided by me in this application for employment is true and complete. I am aware that if I am employed any false, missing or even misleading statements may be considered as reason for possible discipline up to and including immediate discharge.

#### **Pre-Employment Testing**

As an applicant of this Club, I am fully aware and I completely understand that the Department of Labor permits non-remunerated pre-employment testing. I am aware and agree that I may be reviewed and tested and not paid for any review/test period required by this Club. I am also aware, I agree and I understand that I am not an employee of this Club during this review/testing period and that I am not performing work or services in any way. If, and only if, I have been determined to have passed my pre-employment review/testing period and tasks, as solely determined by management, then and only then, will I be considered an employee and my remuneration begins at that time.

**Signature of Applicant** 

Date

Time

Name of Applicant (Please Print)

Name of Club: Wabeek Country Club

Witness

# NOTICE OF AND RELEASE FOR SUBSTANCE ABUSE TESTING AND PHYSICAL EXAMINATION

Part 1 of 2

## **SUBSTANCE ABUSE POLICY**

It is essential that all employees be alert and in full possession of their facilities when working. Substance abuse testing may be necessary to protect the safety of our work force, our work place and the public. Impairment caused by drugs may cause permanent injury or death. The purpose of this Substance Abuse Testing Policy is to prevent accidents and casualties in Club operations that result from impairment of employees caused by illegal drugs and controlled substances and to maintain high standards of conduct, safety and job performance.

## **NOTICE OF SUBSTANCE ABUSE TESTING**

All individuals who apply and are being considered for employment with our Club may be tested for substance abuse before hire. Applicants may not be hired until after the successful completion of possible testing for substance abuse. Any substance abuse testing will be by urine and/or blood sample. If the first test is positive for any drug use, the sample will be tested a second time by another reliable method that is specific for the substance detected. Prior to the test, you will have an opportunity to provide information about all drugs and/or medication you have recently taken.

If for any reason applicants refuse to be tested and withdraw their application for employment, the reason for the applicant's decision will remain confidential.

## **RELEASE AND WAIVER OF ALL LIABILITY FOR SUBSTANCE ABUSE TESTING**

I ("undersigned") have read, I am aware of and I understand the Club's policy on substance abuse testing. I further am aware and understand that I may be required to provide a urine and blood sample for testing. I give my free and voluntary consent to the substance abuse testing and to the release of all test results and other information to the Club.

In signing this statement, and in consideration of the right to be an applicant for hire with the Club, I, for myself, personal representatives, assigns and heirs, hereby release and hold harmless (including attorney fees) the Club, its successors, assigns, subsidiaries and affiliates, officers, directors, agents and employees from any and all liability for injuries to person, property, or reputation suffered by me as a result of any possible substance abuse test(s) and as a result of the release of the test results and other medical information to the Club.

Further, I warrant that the following statements are true and correct and I acknowledge that the Club has relied on them in giving the Undersigned consideration as an applicant for hire:

- 1. No oral representations, statements or inducements apart from the foregoing written statements have been made to me.
- 2. I assume full responsibility and risk of injury to person, property or reputation in connection with the substance abuse testing for consideration as an applicant for hire.
- 3. I declare that I am not currently taking any controlled narcotic substance whatsoever and do not use any illegal drugs, including marijuana, cocaine or heroin.
- 4. I am aware, understand and agree that positive findings for illegal drugs with subsequent confirmation will disqualify me for employment with the Club.

I UNDERSTAND, I AM AWARE AND I AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE DRUG TESTS OR PHYSICAL EXAMINATIONS AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO TAKE SUCH EXAMINATIONS AT SUCH TIME AS DESIGNATED BY THE CLUB AND TO RELEASE THE CLUB ITS DIRECTORS, OFFICE, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH EXAMINATIONS.

I HAVE READ THIS NOTICE OF AND RELEASE FOR SUBSTANCE ABUSE TESTING AND PHYSICAL EXAMINATION. I AM AWARE AND UNDERSRTAND WHAT IT SAYS. BY VOLUNTARILY SIGNING BELOW, I AGREE TO IT.

**UNDERSIGNED:** 

**Signature of Applicant** 

Name of Applicant (Please Print)

Date

Time

Name of Club: Wabeek Country Club

Witness