



607 Elm St, Laconia, NH 03246
603-524-1274

Employment Application

Name: _____ Today's Date: ____ / ____ / 20
Last First MI

Telephone: (____) _____ - _____

Address: _____
Street City ST Zip Code

Position Applying for: _____ Available for work: ____ / ____ / 20

Have you worked at Laconia Country Club before? Yes No

If Yes, when and what position: _____

Are you under the age of 18? Yes No

If Yes, what is your date of birth: ____ / ____ / 20

Are you eligible to work in the United States? Yes No (*Proof will be required prior to start date*)

Were you referred to Laconia Country Club by another employee, member or associate? Yes No

If Yes, who: _____

Are you related to any current (or former) employee of Laconia Country Club? Yes No

If Yes, provide name and department: _____

Are you willing to work overtime or shifts as required? Yes No

Are you willing to work Saturday and/or Sunday when required? Yes No

Are there any hours, shifts, or days you are unable or unwilling to work? Yes No

If Yes, please list those you cannot work: _____

Preferred Shift? Days Evenings Preferred Employment Type: Full Time Part Time

Do you have a valid driver's license? Yes No

If Yes, Name on License: _____ State of Issue: _____

Driver License Number: _____ Class/Type: _____

Have you had your driver's license suspended or revoked within the last 3 years? Yes No

If Yes, please provide details: _____

Have you been convicted of, plead guilty to, or plead no contest to a felony in the last 10 years that has not been sealed or annulled pursuant to a court order? *An answer of "Yes" does not automatically disqualify your application. Factors will be taken into consideration when making employment decisions, including: age and time of the offense, seriousness and nature of the violation in regard to the position to which you are applying, and rehabilitation efforts completed or ongoing.* Yes No

If Yes, please explain: _____

Are you currently awaiting trial for any criminal offense (including traffic violations)? Yes No

If Yes, please explain: _____

Do you have any existing or prior medical conditions which would limit your ability to perform the duties for the position to which you are applying? *An answer of "Yes" will not automatically disqualify your application. Factors will be taken into considering when making employment decisions, including: seriousness and nature of condition, and the requirements of the position for which you are applying.* Yes No

If Yes, please explain: _____

EDUCATIONAL HISTORY

	School Name / Location	Dates	Major	Degree Received
High School				
College				
Graduate or Business				
Other				

EMPLOYMENT HISTORY

Name and Address of most recent Organization: _____
Telephone: (____) _____ - _____ From ___ / ___ / ___ to ___ / ___ / ___
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Description of duties (Please indicate significant responsibilities): _____

Name and Address of Organization: _____
Telephone: (____) _____ - _____ From ___ / ___ / ___ to ___ / ___ / ___
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Description of duties (Please indicate significant responsibilities): _____

Name and Address of Organization: _____
Telephone: (____) _____ - _____ From ___ / ___ / ___ to ___ / ___ / ___
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Description of duties (Please indicate significant responsibilities): _____

REFERENCES Business & Personal

Name: _____ Relationship: _____ Telephone: (____) _____ - _____
Name: _____ Relationship: _____ Telephone: (____) _____ - _____
Name: _____ Relationship: _____ Telephone: (____) _____ - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided on this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in termination if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current or former employer, consumer / reporting agency, and any other organization or agency to provide information relevant to such investigation, and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the Company's Code of Conduct is a condition of my employment.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

I understand that any information obtained by a personal history background investigation will be kept in strict confidence and will be considered in determining my suitability for employment with Laconia Country Club.

Signature: _____ Date: _____ / _____ / 20____