



**APPLICATION FOR EMPLOYMENT  
WESTWOOD COUNTRY CLUB**

TODAY'S DATE

**PERSONAL INFORMATION**

NAME - LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

CURRENT ADDRESS (NUMBER, STREET, APT.)  
CITY, STATE, ZIP

HOME PHONE ( ) WORK PHONE ( ) WHAT IS THE BEST TIME TO CALL YOU AT HOME?

ARE YOU UNDER 18 YEARS OF AGE?  Yes  No If yes, you will be requested to submit state required work/age certificates.

FOR WHICH POSITION ARE YOU APPLYING?

WHAT ARE YOUR PAY EXPECTATIONS? \$ PER HOUR \$ PER YEAR

**AVAILABILITY**

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?  Full Time  Part Time  Temporary / Seasonal WHEN COULD YOU START EMPLOYMENT?

CAN YOU WORK A FLEXIBLE SCHEDULE, WHERE DAYS AND NUMBER OF HOURS SCHEDULED IS DIFFERENT EACH WEEK?  Yes  No

**PLEASE INDICATE BELOW THE SCHEDULE YOU WOULD BE ABLE TO WORK:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

WWCC is often open for business on holidays and may have extended business hours for special events, inventory or holidays. Employees are expected to work on these days / occasions.

**EMPLOYMENT HISTORY**

HOW MANY DIFFERENT EMPLOYERS HAVE YOU WORKED FOR IN THE PAST 5 YEARS? HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED FROM AN EMPLOYER?  Yes  No

IF YES, PLEASE EXPLAIN ALL OCCURRENCES

MAY WE CONTACT YOUR CURRENT EMPLOYER?  Yes  No MAY WE CONTACT YOUR FORMER EMPLOYERS?  Yes  No

**EMPLOYMENT HISTORY**

List your current or most recent employer first. Include military service and/or any periods of self employment. You **must** account for your three (3) most recent employers or a maximum of five (5) years of your most recent employment history.

**PRESENT OR LAST EMPLOYER**

COMPANY			
ADDRESS			
TELEPHONE NUMBER		DATES EMPLOYED	
		FROM	TO
LAST POSITION HELD	LAST SALARY	LAST SUPERVISOR'S NAME	
PHONE NUMBER			
3 WORDS YOUR PREVIOUS SUPERVISOR WOULD USE TO DESCRIBE YOU			
REASON FOR LEAVING (BE SPECIFIC)			
WHAT DID YOU LIKE BEST ABOUT THIS JOB?			
WHAT DID YOU LIKE LEAST ABOUT THIS JOB?			

**EMPLOYER**

COMPANY			
ADDRESS			
TELEPHONE NUMBER		DATES EMPLOYED	
		FROM	TO
LAST POSITION HELD	LAST SALARY	LAST SUPERVISOR'S NAME	
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LAST POSITION HELD	LAST SALARY	LAST SUPERVISOR'S NAME	
PHONE NUMBER			
3 WORDS YOUR PREVIOUS SUPERVISOR WOULD USE TO DESCRIBE YOU			
REASON FOR LEAVING (BE SPECIFIC)			
WHAT DID YOU LIKE BEST ABOUT THIS JOB?			
WHAT DID YOU LIKE LEAST ABOUT THIS JOB?			

**PERIODS OF UNEMPLOYMENT DURING THE PAST THREE YEARS**

(Please give specific reasons for each time period.)

FROM	TO	REASON

**EDUCATION**

PRINT THE NAME AND CITY FOR EACH SCHOOL	GRADUATED		DEGREE AWARDED
	YES	NO	
HIGH SCHOOL			
COLLEGE/VOCATION			
GRADUATE STUDIES			
OTHER FORMAL EDUCATION			

OTHER SPECIAL TRAINING THAT WOULD ENHANCE YOUR QUALIFICATIONS? (PLEASE LIST)

**SPECIAL / TECHNICAL SKILLS**

(PLEASE LIST THE SKILLS YOU HAVE AND, WHERE APPROPRIATE, TYPE OF PROGRAM USED OR SPEED)

- Computer Software \_\_\_\_\_
- Computer Hardware \_\_\_\_\_
- Office Equipment \_\_\_\_\_
- Other Skills (please list) \_\_\_\_\_

**OTHER INFORMATION**

HAVE YOU EVER BEEN KNOWN BY A DIFFERENT NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT WAS IT? _____
HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE EXPLAIN _____

We conduct background checks on every employee. Falsification **will** disqualify you, while a conviction will not automatically disqualify you from employment.

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (PROOF OF ELIGIBILITY DOCUMENTATION MUST BE PROVIDED AT TIME OF HIRE AS REQUIRED BY LAW.)

Yes     No

HAVE YOU PREVIOUSLY WORKED FOR WWCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING _____
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**PERSONAL AND PROFESSIONAL REFERENCES**

PLEASE GIVE THE NAMES OF TWO REFERENCES FROM YOUR PROFESSIONAL OR ACADEMIC LIFE.

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	

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**IMPORTANT – PLEASE READ CAREFULLY**

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Federal Law prohibits discrimination on the basis of race, color, religion, disability, sex or national origin, as well as discrimination on the basis of age against persons between the age of 40 and 65 inclusive. Consult competent counsel for further interpretation.

By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I agree to immediately notify WWCC if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending or during my period of employment if hired.

I understand that the company may investigate my work and personal history and verify all data given on this application, on related papers, and in the interview. In addition, I understand that the company reserves the right to conduct background investigations to determine my qualifications for employment. I authorize any person, school, current employer, past employer(s) and organizations named in this application (and accompanying resume, if any) to provide WWCC with any information and opinion requested by WWCC in connection with any application, and I release such parties from any liability in making such statements.

I understand that this application does not create a contract of employment, offer or promise. I understand that if hired, I am obliged to comply with any and all current and subsequently adopted WWCC policies. 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 for any reason, with or without notice.

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APPLICANT'S SIGNATURE

DATE

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