



GOLF VISIONS
MANAGEMENT, INC.
Employment Application

An Equal Opportunity Employer

Please Print All Information. Read This Before Completing Application.

This Company is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open and does not obligate this Company in any way. Please answer all questions.

PERSONAL INFORMATION

Name:		Date:
Present Address:		
City:	State:	Zip:
Phone Number where you can be reached:		
Location desired:		
Do you certify that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are under 18, a work permit may be required.)		
Driver's license number if driving required in the job position:		Convicted of a traffic violation?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or are you otherwise legally permitted to hold employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?		

EMPLOYMENT HISTORY

Have you ever applied for a job at this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Position(s) applied for:		
Do you seek to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		Rate of pay expected: \$ _____ (per <input type="checkbox"/> Hr. or <input type="checkbox"/> Yr.)
What hours are you able to work? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/> Any		How soon could you report?
For Food/Beverage, are you over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: Days available to work?	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, court, and place offense occurred:		
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
Are you presently employed? Yes <input type="checkbox"/> No	Does your present employer know you are seeking other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why do you desire to change employment?

Do you have available transportation to work? Yes No

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	Years Attended	Degree
Elementary				XXXXX
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Correspondence, Night School, GED, Trade School				

PRIOR WORK RECORD

List last three (3) employers starting with most recent:

Most Recent Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or Pay Rate at Leaving:
Reason for leaving: Summarize the type of work performed & job responsibilities:				
Prior Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or Pay Rate at Leaving:
Reason for leaving: Summarize the type of work performed & job responsibilities:				
Prior Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or Pay Rate at Leaving:
Reason for leaving: Summarize the type of work performed & job responsibilities:				

REFERENCES

Do not list relatives, employees of this Company, or former employers.

Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the Company will be considered for employment. Should more than one qualified person make application, the Company reserves the right to select the applicant that, in its opinion, possesses the best qualifications. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I certify that I have answered all questions contained herein truthfully and any false statements may result in refusal to hire or dismissal whenever discovered. I hereby grant permission to the Company to investigate into any and all matters contained in this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Company upon request. I further agree that I shall waive and not hold either the Company or any individual, agency, corporation, or association liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Company at any time with or without cause. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Employer's President.

If hired, I agree to conform to the rules and regulations of the Company as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole option and without prior notice to me. I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the Company, reflect adversely on the Company. If employed, I agree to maintain confidentiality regarding any information concerning the Company that may come to my knowledge.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

This Company does not tolerate unlawful discrimination in its employment practice. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment included, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints or harassment seriously and all complaints will be investigated promptly and thoroughly.

I attest with my signature below that I have read all of the above statements and understand the same and that all statements made by me are true and accurate. I certify that I am at least 18 years of age unless duly noted otherwise on this application and am legally authorized to work in the United States.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature:	Date:
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