



# APPLICATION FOR EMPLOYMENT

Golf Course Services, LLC.



WESTWYND  
GOLF CLUB

# Application for Employment

The Wyndgate Country Club 1975 West Gunn Road Oakland Township, MI 48306 (248)652-4283 www.thewyndgate.com

---

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Are you 18 years old or older: Yes  No

Are you related to a Club member? Yes  No  Relationship \_\_\_\_\_

Are you presently employed? Yes  No

Position applying for? \_\_\_\_\_ Full-time  Part-time  Summer

Date available to start work? \_\_\_\_\_

Are you available for any shift? Yes  No

Are you a United State citizen or legally authorized to work in the United States? Yes  No   
(All person; upon hiring, must verify eligibility to be employed in the United States. Golf Course Services LLC uses E-verify for verifications.)

Have you ever been convicted of a felony? (Do not answer 'yes' if your 'official' conviction record has been annulled, expunged or sealed. Past criminal history does not necessarily disqualify an applicant from employment) Yes  No

If yes, describe fully: \_\_\_\_\_

Have you ever worked at The Wyndgate before? Yes  No

If yes, when and what department? \_\_\_\_\_

**REFERENCES: Give the names of two persons not related to you, whom you have known at least 1 year**

NAME	ADDRESS	BUSINESS	PHONE #

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**FORMER EMPLOYERS** (List below last two employers, starting with last one first)

Provide a contact person and phone number for reference.

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	WAGE OR SALARY	STATE DUTIES CLEARLY & BRIEFLY
FROM:	Contact Person: Phone #: ( )		Position held:
TO:			Reason for leaving:
FROM:	Contact Person: Phone #: ( )		Position held:
TO:			Reason for leaving:
FROM:	Contact Person: Phone #: ( )		Position held:
TO:			Reason for leaving:

**Special Skills & Qualifications** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## UNDERSTANDINGS AND AGREEMENTS

I have read and understand the following:

I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

I certify that the answers given on this application are true and complete to the best of my knowledge and understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I understand that if hired my employment is at will. This means that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at option of Golf Course Services, LLC, hereinafter ("the company") or myself. I understand that only the General Manager of the Company has the authority to amend this "employment at will" relationship and that such amendment must be in writing and signed by the General Manager of the Company. No other person may alter or amend this relationship.

I authorize the investigation of all statements contained in this application for employment and my request for employment as may be necessary for the Company to arrive at an employment decision.

I understand that this employment application does not represent an offer or promise of employment and that the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the Company.

So that the Company may be fully informed as to my qualifications for employment, I authorize my former employers and other persons who may have information regarding my qualifications to furnish the Company with such information and inasmuch as this information is furnished at my express request and for my benefit, I agree to release and hold harmless any persons, former employers or other entities from any liability because of their furnishing any lawful information.

I agree that my complete record as an employee including information as to my ability and performance and the cause of my leaving the Company may be given to any prospective employer with whom I may hereafter seek employment and I hereby release the Company, its shareholders, directors, employees, offices, attorneys, assigns, agents and successors from any and all liability for damages of any nature by reason of the furnishing of any lawful information.

I agree that no agent of the Company has made any promises concerning the terms and conditions of my employment with the Company.

I understand the Company may require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test and understand that my employment may be conditioned on the result of such an examination and/or test.

I understand that I am required to abide by all rules and regulations of the Company.

Any applicant for employment or employee needing accommodation because of a handicap or disability to perform the essential functions of his or her job must notify the Company in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have known that an accommodation was needed. However, this does not waive my rights under the Americans with Disability Act of 1990, as amended, which imposes no time limit.

This application for employment shall be considered for a period of time not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at this time.

I have read and I agree to the terms of each and all of the above statements.

Date \_\_\_\_\_ Signature \_\_\_\_\_