



APPLICATION FOR EMPLOYMENT

8701 E. Pinnacle Peak Road
 Scottsdale, AZ 85255
 Ph (480)585-6992, Fax (480)585-5898

DATE: _____

PERSONAL INFORMATION:

NAME (Last, First, Middle)			
PRESENT ADDRESS			
PERMANENT ADDRESS			
PHONE NUMBER:		REFERRED BY:	

EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:
SALARY DESIRED:	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYER'S NAME & PHONE:

EDUCATION:

	NAME/LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/BUSINESS OR CORRESPONDENCE		<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

WHAT LANGUAGES DO YOU SPEAK FLUENTLY? _____

WHAT LANGUAGES DO YOU READ FLUENTLY? _____

WHAT LANGUAGES DO YOU WRITE FLUENTLY? _____

FORMER EMPLOYERS:

List below the last four employers, starting with the last one first.

<i>DATE MO/YR</i>	<i>NAME/ADDRESS OF EMPLOYER</i>	<i>CONTACT PERSON PHONE NUMBER</i>	<i>POSITION</i>	<i>SALARY</i>	<i>REASON FOR LEAVING</i>

REFERENCES:

Give the information below for three persons not related to you, whom you have known for at least one year.

<i>NAME</i>	<i>ADDRESS/PHONE NUMBER</i>	<i>BUSINESS</i>	<i>YEARS KNOWN</i>

AGREEMENT

1. I understand that this Application and any attachment are the property of PINNACLE PEAK COUNTRY CLUB (the "Company").
2. I certify that the statements made by me in this Application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I hereby grant the Company permission to verify such answers and to conduct such investigations into my background, including any criminal history, driving record or credit history investigations as it deems necessary. I further understand that any false statement or omission on this Application may be considered as sufficient cause for rejection of the application or for dismissal if such false statement or omission is discovered subsequent to my employment.
3. I authorize any of the persons or organizations referenced in this Application to give the Company or its agents any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this Application and release all such parties from all liability for any damage that may result from furnishing such information.
4. Any offer of employment is conditioned upon several criteria, including my satisfactorily passing a physical examination and/or any associated laboratory test(s) that may be prescribed by the Company, including drug and alcohol testing.
5. Any offer of employment tendered me is based upon my agreement to abide by the rules and regulations of the Company and acknowledgement that such rules and regulations may be changed, interpreted, withdrawn or added to at the sole discretion of the Company at any time without prior notice to me.
6. I acknowledge and agree that if hired, my employment is at will and may be terminated at any time with or without cause, and with or without prior notice, at the option of the Company or myself, and that any offer of prospective employment may also be withdrawn at any time with or without cause or notice.
7. I understand that no representative of the Company, other than the General Manager, has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment. I further understand that any such agreement must be in writing and sign by the General Manager.
8. It is the policy of the Company to affirmatively implement equal opportunity to all qualified employees and applicants for employment without regard to race, color, religion, sex, age, veteran status, national origin, disability, medical condition or ethnic group and positive action shall be taken to ensure the fulfillment of this policy.

This Application will remain active for a period of 30 days from the date of completion. Should you wish to reactivate or amend your Application at the end of this 30-day period, please notify this office in writing at that time.

Are you old enough to serve alcoholic beverages?

YES

NO

PRINTED Name of Applicant or Employee

SIGNATURE of Applicant or Employee

Date