



# LEHIGH COUNTRY CLUB

## Employment Application

*EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*

*The Lehigh Country Club will not discriminate against an applicant or employee*

*because of race, sex, age, religious creed, political affiliation, national origin, sexual preference, handicap, or any veteran status.*

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Hours Desired: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> WEEKENDS <input type="checkbox"/> SEASONAL		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

-----OVER-----

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone (    )	
Address		Supervisor	
Job Title(s)	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Disadvantages of Last Position			
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title(s)	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Disadvantages of Last Position			
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Emergency Contact:		Phone #:	
Address:		Relationship:	
How did you hear about the job?			
LCC EMPLOYEE REFERRAL(S):			
Are you a relative of a current or former member of LCC?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

If yes, please list names:

**PHYSICAL RECORD**

Do you possess any physical disabilities which would prevent you from performing the duties required in the position desired? Yes No

If yes, please describe in detail:

**DISCLAIMER AND SIGNATURE**

Employment is dependent upon satisfactorily meeting the medical standards for hire and a pre-employment drug screening.  
 The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rating me ineligible for employment or for dismissal after employment.  
 As part of the employment screening process, Lehigh Country Club may verify criminal, employment, education and credit references and motor vehicle records. Please read the attached Summary of Your Rights under the Fair Credit Reporting Act and sign below.

I authorize Lehigh Country Club to verify references as deemed appropriate by the Club.

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