



We appreciate your employment interest at Cascade Hills Country Club (henceforth known as "CHCC") and assure you we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an equal opportunity employer and shall consider qualified applications for all positions without regard to race, color, sex, national origin, marital status, veteran status, or the presence of a non-job related medical condition or disability. Michigan law requires employers to make accommodations to disabled applications and employees where the accommodation does not impose an undue hardship on the employer. Disabled applications and employees may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 180 days of the date the applicant/employee knows or should know that an accommodation is needed. Failure to properly notify the company will preclude any claim that the employer failed to accommodate the applicant/employee.

PERSONAL INFORMATION			
First Name	Middle Name	Last Name	Social Security Number
Street Address			Apartment Number
City		State	Zip
Home Phone	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been employed at CHCC? If yes, dates employed: _____ Supervisor: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously filed an application with CHCC? If yes, date(s) applied: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any friends or relatives working at CHCC:			
Please list any friends or relatives who are current or past members of CHCC:			

EMPLOYMENT DESIRED / AVAILABILITY							
Position Applying For			Desired Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Desired Wage		Available Start Date
If employed by CHCC, would you have open availability, meaning you can work any day of the week?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If the above answer is no, please indicate shifts for which you are NOT AVAILABLE:</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10 am - 2pm*							
5pm - Close*							
*Please be aware that due to the nature of our business, these hours are estimates. Days, hours, and shifts vary based on the needs of the Club.							
Is your availability subject to change season to season (i.e. if currently attending school)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If the above answer is yes, please indicate known changes in your future availability:</i>							
If hired, how long do you expect to work for CHCC?							

EDUCATION				
	Name & Location	Course of Study	Years Completed	Degree/Diploma
College				
Trade School				
High School				
Advanced Studies				
Please list any training or skills relevant to the position for which you are applying:				

EMPLOYMENT DATA (List last employer first)			
Employer		Dates of Employment (MM/YY) to	
Address		Salary/Wage Starting Ending	
City	State	Zip	
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name and Title	
Your Position	Describe Responsibilities	Reason for Leaving	

Explain any period of time between positions:

Employer		Dates of Employment (MM/YY) to	
Address		Salary/Wage Starting Ending	
City	State	Zip	
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name and Title	
Your Position	Describe Responsibilities	Reason for Leaving	

Explain any period of time between positions:

Employer		Dates of Employment (MM/YY) to	
Address		Salary/Wage Starting Ending	
City	State	Zip	
Phone	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name and Title	
Your Position	Describe Responsibilities	Reason for Leaving	

Please list any other work experience you may feel is relevant to the position for which you are applying

REFERENCES (Do not include relatives or former employers)					
Name	Company	Title	Relationship	Years Known	Phone Number

ADDITIONAL INFORMATION	
Do you have a valid driver's license? If yes: License Number: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of an ordinance violation, misdemeanor, or felony within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where, when, and explain the nature of the offense(s):  <i>A conviction does not automatically disqualify an applicant.</i>	
How did you hear about CHCC?	

Authorization and Understanding: Upon signing this application, I represent that all the information now or hereafter given by me in support of my application for employment is true and complete. I authorize CHCC to verify any of the information concerning my employment, education, credit, or criminal background with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as CHCC requires, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize CHCC to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release CHCC and the other stated parties from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of CHCC and that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of CHCC, with or without cause, at any time, for any reason. I hereby authorize CHCC to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me, to CHCC during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the General Manager of the company. I agree that any action or suit against CHCC arising out of my employment, including but limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against CHCC in which CHCC prevails, I will pay to the company any and all costs incurred by the company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_