

Application for Employment

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 | | Soc. Sec. | Soc. Sec. No. | |
| Street Address | | <u>I</u> | | | | Apt. No | 9. | |
| City | | | | State | | Ζip | | |
| Home Phone | | | May we leave a message? | Cell Phone | | | Λ | Nay we leave a message? |
| Do you have reliable transportation? | | | | | | □ No | | |
| Are you 18 | years of age or older? | | | | | | □ Yes | □ No |
| Are you a United States citizen? | | | | | | □ Yes | □ No | |
| | | | | | | □ No | | |
| Are you aut | horized to work in the | United States? | | | | | □ Yes | □ No |
| Have you p | reviously been employ | red at CHCC? | | | | | □ Yes | □ No |
| | ates employed: | | Supervisor: | | | | ⊔ Yes | ⊔ N0 |
| , 1 | reviously filed an appl | ication with CHC | CS | | | | □ Yes | □ No |
| | ate(s) applied: | line of CHCC: | _ | | | | | |
| Please list an | y friends or relatives wor | King at CHCC: | | | | | | |
| Please list an | y friends or relatives who | o are current or pas | t members of CHCC | : | | | | |
| | | - | | | | | | |
| EMPLOY | EMPLOYMENT DESIRED / AVAILABILITY | | | | | | | |
| Position Applyin | | <i>D 11111111111111111111111111111111111</i> | Desired Work | : Status | Desired Wage | | Availal | ble Start Date |
| | | | □ Full-Tir | me □ Part-Time | : | | | |
| If employed by CHCC, would you have open availability, meaning you can work any day of the week? | | | | | | | | |
| If the abo | ove answer is no, please in | | • | | | | | |
| 10 | Monday | Tuesday | Wednesday | Thursday | Friday | Sat | turday | Sunday |
| 10am - 2pm 5pm - Close | | + | + | | | | | |
| • | • | re of our business. | these hours are estim | lates. Davs. hours. a | nd shifts vary based | on the | needs of the | e Club. |
| *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)? | | | | | | | | |
| If the above answer is yes, please indicate known changes in your future availability: | | | | | | | | |
| If hired, how long do you expect to work for CHCC? | | | | | | | | |
| EDUCATION | | | | | | | | |
| ED C OIT | | Name & Location Cours | | ırse of Study | e of Study Yrs. Complete | | Degree/Diploma | |
| College | | | | • | | | | • |
| Trade School | | | | | | | | |
| High | | | | | | | | |
| School | | | | | | | | |
| Advanced | | | | | | | | |
| Studies Please list any tre | aining or skills relevant to the po | osition for which you are a | upplying: | | | | | |
| | | | | | | | | |

| EMPLOYMENT DATA | (List last employer first) | | | | | | |
|--|--|--|---|--|----------------------------------|---------------------------------------|--|
| Employer | | | | Dates of Employment (MM/YY) | | | |
| Address | | | Salary/Wage | to | , | / | |
| | | | Starting |] | Ending | | |
| City | | State | Zip | | | | |
| Phone | May we contact this employer? | Supervisor's Name and Title | | | | | |
| Your Position | Describe Responsibilities | | Reason for Leav | ing | | | |
| Explain any period of time between positions. | : | | | | | | |
| Employer | | | Dates of Emplo | yment (MM/YY) | | , | |
| Address | | | / to / Salary/Wage | | | | |
| City | | State | Starting Zip |] | Ending | | |
| Phone | May we contact this employer? | Supervisor's Name and Title | | | | | |
| Your Position | Describe Responsibilities | | Reason for Leav | ing | | | |
| Explain any period of time between positions. | | | | | | | |
| | | | | | | | |
| Employer | | | | Dates of Employment (MM/YY) / to / | | | |
| Address | | | Salary/Wage Starting |] | Ending | | |
| City | | State | Zip | | G | | |
| Phone | May we contact this employer? | Supervisor's Name and Title | | | | | |
| Your Position | I | Reason for Leaving | | | | | |
| Please list any other work experience you may | feel is relevant to the position for which you are applying | | | | | | |
| DEFEDENCES | | | | | | | |
| REFERENCES (Do not Name | include relatives or former employers) Company Title | Relationsh | in | Years Known | Phone Nu | ımber | |
| | | | r | | | | |
| | | | | | | | |
| | | | | | | | |
| ADDITIONAL INTEGRALATION | | | | | | | |
| ADDITIONAL INFORMATI | | | | | *** | > T | |
| Do you have a valid driver's lic | <u> </u> | 61 111 1 | State: | | □ Yes | □ No | |
| Have you ever been convicted If so, where, when, and explain | of an ordinance violation, misdemeand | or, or felony within the | last 10 years | · . | □ Yes | □ No | |
| ii so, where, when, and explain | The nature of the offense(s). | | | | | | |
| How did you hear about CHC | | | A convid | tion does not automa | tically disqual | ify an applicant. | |
| Authorization and Understanding Unancient | ng this application, I represent that all the information | now or hereafter given hy | in support of ex- | application for one-1- | ovment in trace | and complete. I | |
| authorize CHCC to verify any of the informa them to release such information as CHCC re | tion concerning my employment, education, credit, or equires, including my prior disciplinary employment rec my prospective or subsequent employers without any or | medical history with the appro- cord, without any obligation to | priate individuals, o give me written no | companies, institutio otice of such disclos | ns, or agencie ure. I also au | es and I authorize thorize CHCC to | |

authorize CHCC to verify any of the information concerning my employment, education, credit, or medical history 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 relationship, 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

| Signature of Applicant: | Date: | |
|-------------------------|-------|--|
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