NORTH CLUB, LLC

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUG USE

**PLEASE COMPLETE PAGES 1-4 AND attach your resume.**

NAME

Last First Middle Maiden

PRESENT ADDRESS

Number Street City State Zip

Duration at this address? Social Security Number:

Telephone: Email Address:

If under 18, please list age Days/Hours Available to work:

Position applied for (1) No Preference: Thursday

Salary Desired Monday Friday

Tuesday Saturday

Wednesday Sunday

When are you available to begin work?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION  (complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |  |  |  |  |
| College |  |  |  |  |
| Business or Trade School |  |  |  |  |
| Professional School |  |  |  |  |

Are you certified in CPR? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No

Please list any other licenses, certifications or other education, skills or qualifications held that are relevant to employment sought:

Have you ever been convicted of a crime?\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No

If yes, explain number of convictions(s), nature of offenses(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DO YOU HAVE A DRIVER’S LICENSE? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

What is your means of transportation to work?

Driver’s license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operator Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commercial (CDL)

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any accidents during the past thee years? If so, how many?

Have you had any moving violations during the past three years? If so, how many?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OFFICE APPLICANTS ONLY | | | | | |
| Typing | \_\_\_\_\_\_\_\_\_\_Yes  \_\_\_\_\_\_\_\_\_\_No | \_\_\_\_\_\_\_\_\_\_WPM | Word Processing | \_\_\_\_\_\_\_\_\_\_Yes  \_\_\_\_\_\_\_\_\_\_No | \_\_\_\_\_\_\_\_\_\_WPM |
| Personal Computer | \_\_\_\_\_\_\_\_\_\_Yes  \_\_\_\_\_\_\_\_\_\_No | \_\_\_\_\_\_\_\_\_\_PC  \_\_\_\_\_\_\_\_\_\_Mac | Other Skills or Certifications: |  | |

Please list two references (other than relatives or friends) from previous employment:

|  |  |
| --- | --- |
| Name | Name |
| Position | Position |
| Company | Company |
| Address | Address |
| Telephone ( ) | Telephone ( ) |

An application from sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

|  |
| --- |
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|  |  |
| --- | --- |
| MILITARY | |
| Have you every been in the armed forces? | \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No |
| Are you now a member of the National Guard? | \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No |
| Specialty | Date Entered? |
| Discharge Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| WORK EXPERIENCE  Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. | | | |
| Name of Employer |  | Name of last Supervisor: |  |
| Address |  | Employment Dates:: | From:  To: |
| City, State Zip Code: |  | Your last job title: |  |
| Phone number |  | Pay or salary: | Start:  Final: |
| Reason for leaving (be specific): | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer |  | Name of last Supervisor: |  |
| Address |  | Employment Dates:: | From:  To: |
| City, State Zip Code: |  | Your last job title: |  |
| Phone number |  | Pay or salary: | Start:  Final: |
| Reason for leaving (be specific): | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: | | | |

May we contact your present employer? \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

Did you complete this application yourself? \_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

If not, who assisted?

Have you ever been fired from a job? \_\_\_\_yes \_\_\_\_\_no

If yes, state all such cases and the reason for termination:

**Statement of Truth**

I hereby attest that all of the information I have provided is accurate and true. I agree that any misrepresentations may be cause for immediate termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Provide Supplementary Information Below As Needed: