

# 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: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

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 three 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	_____ WPM	Word Processing	_____ Yes	_____ WPM
	_____ No			_____ No	
Personal	_____ Yes	_____ PC	Other Skills or		
Computer	_____ No	_____ Mac	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:


PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

# APPLICATION FOR EMPLOYMENT

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: