



The Golf Courses of Lawsonia Employment Application

An Equal Opportunity Employer

Position Applying For: _____ Date: _____

Date Available to Begin Work: _____

Referred By: _____

First: _____ Middle Initial: _____ Last: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

Email: _____ Social Security Number: _____

Driver's License# _____ (If applicable)

If you are under 18 years of age and it is required, can you furnish a work permit? ___ Yes ___ No

Are you authorized to work in the United States? ___ Yes ___ No

Have you ever been employed by us before? ___ Yes ___ No

If yes, please give date _____

Have you ever been convicted of a felony, released from prison or convicted of a misdemeanor other than traffic offenses within the past three (3) years? (A conviction record is not an absolute bar to acceptance.)

___ Yes ___ No If yes, please explain:

List any special skills or experience that would be helpful in the position you're applying for:

EMPLOYMENT HISTORY

Most recent employer	Address	Phone
Date Started	Date Left	Title/Position
Name and title of supervisor	Reason for leaving	

Employer	Address	Phone
Date Started	Date Left	Title/Position
Name and title of supervisor		Reason for leaving

Employer	Address	Phone
Date Started	Date Left	Title/Position
Name and title of supervisor		Reason for leaving

EDUCATION

	Name and Location	Years Attended	Major/Study
High School			
College			
Other			

REFERENCES (excluding family and relatives)

Name	Phone Number	Occupation
Name	Phone Number	Occupation
Name	Phone Number	Occupation

BACKGROUND CHARACTER VERIFICATION: The Golf Courses of Lawsonia may perform a background check on any employee at any time. I hereby agree to have this background check performed by signing and dating this form. In order to perform the proper background character verification, Lawsonia is required to provide the agency your date of birth.

I understand that false or misleading information in my application can lead to discharge. I also understand that I am required to abide by all rules and regulations of The Golf Courses of Lawsonia. I understand that if I am employed, I can be terminated at any time, with or without cause, and with or without notice. I understand and agree that my application will remain on file for a period of one year.

Signature: _____ Date: _____