



## PGA WEST RES 1 APPLICATION FOR EMPLOYMENT

(PLEASE PRINT IN BLACK OR BLUE INK)

Name _____ (Last) (First) (Middle)			Date of Application: _____		
Present Address _____ _____			Social Security #: _____		
Telephone: (Check which preferred) <input type="checkbox"/> Home _____			<input type="checkbox"/> Cell _____		
Position Desired _____			Full-Time/Part-Time/Temporary/Other (Circle One)		
Date Available _____			Salary/Compensation Desired _____		
Hours Available ____ If applying for temporary work, during what period of time will you be available? ____					
Referral Source <input type="checkbox"/> Employment Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-in Applicant <input type="checkbox"/> School/College <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
What interested you in PGA WEST Res 1? _____					
Do you know anyone who works for (or has in the past worked for) PGA WEST Res 1?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify? _____					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATIONAL DATA					
School	Print Full Name, City and State for each school	No. of Yrs. Completed	Degree	Major Course of Study	GPA/ Scholastic Honors
High School					
College					
Graduate School					
Trade, Business, Night or On-line					
Other Training or Education					

## EMPLOYMENT HISTORY

In the following spaces, give a complete record of your employment, including periods of unemployment and self-employment, if any. Begin with your most recent employment and work back. (If additional space is needed, attach a supplementary sheet.)

1. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ Mo./Yr. to \_\_\_\_\_ Mo./Yr.  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Starting Position: \_\_\_\_\_  
 Last Position: \_\_\_\_\_  
 Other Positions Held: \_\_\_\_\_

Name and Title of Supervisor in Last Position Held: \_\_\_\_\_

May we contact your immediate supervisor? ☐ Yes ☐ No

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ Mo./Yr. to \_\_\_\_\_ Mo./Yr.  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Starting Position: \_\_\_\_\_  
 Last Position: \_\_\_\_\_  
 Other Positions Held: \_\_\_\_\_

Name and Title of Supervisor in Last Position Held: \_\_\_\_\_

May we contact your immediate supervisor? ☐ Yes ☐ No

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ Mo./Yr. to \_\_\_\_\_ Mo./Yr.  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Starting Position: \_\_\_\_\_  
 Last Position: \_\_\_\_\_  
 Other Positions Held: \_\_\_\_\_

Name and Title of Supervisor in Last Position Held: \_\_\_\_\_

May we contact your immediate supervisor? ☐ Yes ☐ No

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY
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(If you require additional space in responding to these inquiries, continue on a separate sheet).

1. Please identify any exceptions and reasons why we may not contact either your present or any previous employer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. In order to permit a check of your work and education records, should we be made aware of any change of or assumed name that you previously used?

☐ Yes ☐ No If yes, identify your other name(s) and the name(s) of the employers and relevant dates during which you used the name(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been terminated, dismissed or forced to resign from any employment?

☐ Yes ☐ No If "yes" identify name(s) and relevant dates and the reason for action taken against you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please account for any time you were not employed in the last 10 years, after leaving school (you need not list any unemployed periods of one month or less).

TIME PERIOD REASON(S) UNEMPLOYED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS
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Please describe any job-related skills or qualifications (computers, professional associations, etc.) that would support your application.

\_\_\_\_\_

\_\_\_\_\_

SKILLS SUMMARY
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

1. Are you at least 18 years of age? ☐ Yes ☐ No
2. Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? ☐ Yes ☐ No
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Are you willing to work overtime as requested? ☐ Yes ☐ No \_\_\_\_\_

4. Please provide the names of three individuals, not related to you, who have knowledge of your work performance within the last three years.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

**Name** \_\_\_\_\_

Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone No. \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

5. In case of emergency, whom should we notify?

Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

SERVICE RECORD	
U.S. Military or Naval Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank? _____
Present membership in National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Date obligation ends? _____	
Relevant skills acquired during military service? _____	

### APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and the accompanying resume, if any) is true and complete to the best of my knowledge and agree to have any of the statements checked by PGA West Res 1 unless I have indicated to the contrary. I understand that providing any false or misleading information or significant omissions may disqualify me from further consideration for employment and may result in my immediate termination if discovered at a later date.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. Citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that, if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with PGA West Res 1 unless given permission in writing by PGA West Res 1.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF PGA West Res 1 AS AMENDED FROM TIME TO TIME BY PGA West Res 1 IN ITS DISCRETION. I AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE TERMINABLE AT-WILL, WHICH MEANS THAT I WILL NOT BE EMPLOYED FOR ANY SPECIFIED TIME, AND THAT I MAY QUIT AND PGA West Res 1 MAY END MY EMPLOYMENT AT ANY TIME, WITHOUT ADVANCE NOTICE AND WITHOUT CAUSE. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF PGA West Res 1 OTHER THAN MANAGEMENT OR THEIR DESIGNEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO WHAT IS SPECIFICALLY STATED ABOVE. FURTHER, IF I AM HIRED, NO ONE MAY ALTER THE AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIP UNLESS PGA West Res 1 EXPRESSES A CLEAR INTENT TO DO SO IN A SPECIFIC WRITTEN AGREEMENT SIGNED BY BOTH ME AND MANAGEMENT OR THEIR DESIGNEE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

APPLICANT NAME: \_\_\_\_\_

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

EMPLOYMENT RECORD (For Office Use Only)			
Interviewed By/Date	Interviewed By/Date	Employment Status (Circle One)	
		Full-Time	Part-Time
Employment Date	Location/Title/Dept.	Temp.	Other
Supervisor	Social Security #		