



**THE MONTGOMERY COUNTRY CLUB**  
**APPLICATION FOR EMPLOYMENT**  
**Trust   Loyalty   Respect   Pride   Synergy**

(PLEASE PRINT IN INK OR TYPE)

TODAY'S DATE

**PERSONAL INFORMATION**

POSITIONS APPLYING FOR		HOW DID YOU LEARN ABOUT MCC		SOCIAL SECURITY NUMBER ---   ---	
LAST NAME	FIRST NAME	MIDDLE INITIAL	PREVIOUS LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE	
PHONE NUMBER HOME (   )        WORK (   )		WHEN CAN YOU BEGIN WORK?		MINIMUM ACCEPTABLE SALARY	
SPECIFY TYPE OF WORK DESIRED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	WILL YOU WORK OVERTIME WHEN SCHEDULED OR REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DAYS AND SHIFTS YOU CAN WORK	
ARE YOU A CITIZEN OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHAT DOCUMENT DO YOU HAVE WHICH AUTHORIZES YOU TO WORK IN THIS COUNTRY?			
Have you been convicted of a felony within the past five years or convicted of a misdemeanor in the past two years or are you formally charged with committing a criminal offense currently? (Do not include any traffic violations, juvenile offenses or military convictions, except by military court martial.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence on a separate piece of paper. <span style="float: right;"><input type="checkbox"/> YES   <input checked="" type="checkbox"/> NO</span>					
Have you ever worked for The Montgomery Country Club before? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**EDUCATION**

SCHOOL	NAME	CITY	STATE	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED	SEM/QTR HOURS EARNED	COURSE S OR MAJOR
HIGH SCHOOL							S Q	
VOCATIONAL TECHNICAL SCHOOL							S Q	
COLLEGE OR UNIVERSITY							S Q	
OTHER							S Q	

**U.S. MILITARY SERVICE**

ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BE SURE TO INCLUDE IN WORK HISTORY ON NEXT PAGE	CAN YOU PROVIDE A COPY OF YOUR FORM DD214? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**LICENSES AND SPECIAL SKILLS**

LIST THE NUMBER AND EXPIRATION DATE OF ANY PROFESSIONAL OR OCCUPATIONAL LICENSE YOU HOLD (PLEASE ATTACH COPY)

LIST ANY OFFICE EQUIPMENT/SOFTWARE PACKAGES YOU HAVE USED

LIST OTHER JOB-RELATED SKILLS YOU HAVE

**HEALTH**

ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? ☐ YES ☐ NO  
Note to applicant, do not answer this question unless you have been informed about the requirements for which you are applying

IF NOT, PLEASE DESCRIBE THE FUNCTIONS YOU CAN PERFORM WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

## REFERENCES

1. Name	Phone Number	
2. Name	Phone Number	
3. Name	Phone Number	

## COMPLETE EMPLOYMENT HISTORY TO INCLUDE MILITARY SERVICE (LIST LAST EMPLOYER FIRST) (YOU MUST ACCOUNT FOR ALL TIME PERIODS INCLUDING UNEMPLOYMENT, MILITARY SERVICE, ETC. IF ADDITIONAL SPACE IS NEEDED, REQUEST ANOTHER SHEET)

			EMPLOYER'S NAME		STARTING SALARY	ENDING SALARY
	MONTH	YEAR	EMPLOYER'S ADDRESS/PHONE NUMBER			YOUR JOB TITLE
FROM			SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUTIES:	
TO			REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK		

			EMPLOYER'S NAME		STARTING SALARY	ENDING SALARY
	MONTH	YEAR	EMPLOYER'S ADDRESS/PHONE NUMBER			YOUR JOB TITLE
FROM			SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUTIES:	
TO			REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK		

### STATEMENT OF POLICY

The Montgomery Country Club (MCC) is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, disability or veteran status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or due to disability or veteran status.

### EMPLOYMENT STATEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other material, or during any interviews, can be justification of refusal of employment, or, if employed, termination from MCC's employ.
2. Any offer of employment I may receive from MCC is contingent upon my successful completion of the company's total preemployment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any postoffer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any postoffer preemployment or postemployment medical exams I may be required to take disclosed to MCC.
3. As a condition of employment, I may be required to undergo and successfully pass any tests required of my position including but not limited to a screening for alcohol and/or drugs, criminal background, and motor vehicle records. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of MCC. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to MCC. MCC reserves the right to terminate the employment relationship at any time if I fail to complete any of the steps or if any of the steps indicate positive results. MCC assumes no responsibility for placing me in another position if I were to be terminated.

Signature

Date