

**Houndslake Country Club**  
Application for Employment

Houndslake Country Club is an Equal Opportunity Employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to Race, Religion, Color, Sex, Age, National origin, Disability or Veteran status.

Please print and complete form in detail. Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Date Application Completed: \_\_\_\_\_

Name (Last, First, Middle)

Preferred Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

Telephone Number

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Years at this address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please List Prior Addresses over the past five years in reverse order:

1.

2.

3.

4.

Have you ever been employed previously with Houndslake Country Club?  
If yes, when and where? \_\_\_\_\_

Yes

No

Do you have the legal right to work permanently in the U.S.?  
If no, please explain. \_\_\_\_\_

Yes

No

Have you ever been convicted of a crime?  
If yes, please explain. \_\_\_\_\_

Yes

No

Please list any relatives and/or acquaintances employed by Houndslake CC:

Name	Relationship	Location

Type of position for applying/Desired function: \_\_\_\_\_

Type of School	Name and Date of Attendance	Education				Graduate? Yes or No	Class Standing	
		Major	Circle Last Year Completed					
High School			1	2	3	4	Top 10% Top 25%	
College			1	2	3	4	5	Top 10% Top 25%

Other

(Please indicate if attendance full or part time. Were classes day, evening or correspondence?)

How were college tuition and living expenses financed? \_\_\_\_\_

Any additional courses or graduate studies? \_\_\_\_\_

Please list any extracurricular activities and/or honors received:

High School	College

Other Honors/Certifications


Work Experience  
(Please start with present position and work backward)

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Business Name	Type of Business			
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Address	City	State	Zip	Telephone Number
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( )				
Immediate Supervisor: _____				
Position Title: _____				
Starting Date: _____ Monthly Compensation: _____				

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Business Name	Type of Business			
<hr/>				
Address	City	State	Zip	Telephone Number
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( )				
Immediate Supervisor: _____				
Position Title: _____				
Starting Date: _____ Monthly Compensation: _____				

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Additional Information

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What are your plans for the future?

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Business/Personal References		
Name	Occupation	Telephone Number
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By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Houndslake CC or its agents may request, employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that Houndslake CC is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, Houndslake CC reserves the right to terminate my employment whenever the need arises.

Signature: \_\_\_\_\_

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

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