Naples Lakes Country Club An Equal Opportunity Employer & Drug Free Workplace 4784 Naples Lakes Blvd., Naples, Florida 34112 Phone (239) 732-6700 ~ Fax (239) 732-6402



## Application for Employment

Equal access to Programs, services and employment is available to all persons. These applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Full Name:							Date:			
	Last	F	irst			M.I.				
Address:										
	Street Address							Apartment	/Unit #	
	City					State		ZIP Code		
Phone:				E	mail:					
Date Available	2:	Social Sec	urity No.:			Des	ired Salary:	\$		
Position Appli	ed for:									
Referral Sourc	ce :									
If under 18, ar work permit?	nd it is required can you fu	rnish a	YES	NO	Explain::					
Are you a citiz	en of the United States?		YES	NO	lf no, are you a	uthorized to v	vork in the U	.S.?	YES	NO
Have you ever	r worked for this company	?	YES	NO	If yes, when					
	es" to the following ques nd nature of the violation									offense,
Have you ever convicted of a	r pled "guilty" or "no conte crime?	est" to, or beer	n	YES	NO					
If yes, please p	provide dates(s) and detail	s:								
Have you ever been defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)? YES NO D D										
If yes, please p	provide nature of the tort a	and dispositio	n of the m	natter	(how it was resolv	red)				

	Skills and Q	ualifications			
Word Processing	Years	E-	mail	Years	
Spreadsheets	Years	In	ternet	Years	
Presentation	Years	0	Other		Years
		ation			
High School:	Address:				
From: To:	Did you graduate?		IO Diplor	na::	
College:	Address:				
From: To:	Did you graduate?		IO Degi	ree:	
Other:	Address:				
From: To:	Did you graduate?	YES N	0		
	Refer	ences			_
Please list three professional re school or personal references w	ferences who are <u>not</u> related to you vho are not related to you.	and are <u>not</u>	previous sup	ervisors. If not ap	oplicable, list three
Evil News				Relationship:	
Company:					
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Military	Service			_
Branch:			From:		То:
Rank at Discharge:		Туре с	of Discharge:		
If other than honorable, explain:					

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_