

WASHTENAW GOLF CLUB APPLICATION FOR EMPLOYMENT

Washtenaw Golf Club (WGC) promotes equal treatment and service to all employees and assures that all employees and applicants for employment are given an equal opportunity without regard to race, religion, national origin, age, sex, marital status, physical appearance, or the presence of any sensory, mental, or physical disabilities unless such disability prevents the performance of essential functions and duties and cannot reasonably be accommodated without undue hardship by WGC. WGC will operate within the principles of Equal Opportunity guidelines set forth in federal, state, and local laws and regulations.

Name (First, MI, Last)	Social Security Number	
Mailing Address		
City, State, Zip Code		
Phone Number	Driver's License Number, Issuing State and Expiration Date	
Email Address	Date of Birth	
Preferred Position	Desired Start Date	Desired Wage
Have you been employed by WGC previously?	Yes	No
I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.	Yes	No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony? If yes, please explain below.	Yes	No
I can perform the essential duties required for the position I am applying for.	Yes	No

AVAILABILITY

I have open availability.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
How many hours do you wish to work weekly?				Can you work late nights?			

EDUCATION AND TRAINING

Education	Name and Location of School	Courses Taken/Major	# of Years Completed
High School			
College/Trade			
Other			

EMPLOYMENT EXPERIENCE

Please list all work experience, beginning with your most recent job. Include any U.S. Military service.

Company Name, Address, & Phone Number	Dates Employed	Ending Wage	Job Title & Duties	Reason for Leaving

Washtenaw Golf Club (WGC) may conduct drug testing of job applicants and employees to maintain a workplace that is free from the effects of legal and illegal drugs and/or alcohol abuse. Refusal to take, altering the results of, or failing a drug test will disqualify you from further consideration or continuation of employment.

I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of WGC and can be terminated, with or without cause, and with or without notice, at any time, at the option of WGC or myself. It is agreed that arbitration shall be the sole mechanism for bringing a legal claim against WGC for matters relating to employment, discipline, and/or termination. Arbitration must be commenced within one year of the date the claim arises. I further acknowledge that any action or suit against WGC arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred, unless a shorter period is established by statute. I waive any limitation periods to the contrary.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with Washtenaw Golf Club may be terminated.

Signature	Date
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