



840 Oak Hill Road, Fitchburg, MA 01420

Phone: 978-342-2717

Fax: 978-342-0421

Application Date:

Name		
Street Address		
City	State	Zip
Phone: (H)	(W)	Cell
E- Mail Address		

Position Desired		
Salary/Wage Desired		
Full Time	Part Time	Temporary
Are there any days or shifts you can not work?		
Age: Are you at least 18 years of age?		
Age: Are you at least 21 years of age?		

Work Experience

Please list your experience beginning with your most recent position. If additional space is needed, attach a supplemental sheet

Employer	
Address (street, city, state, zip)	Phone
Starting Position	Starting Wage
Last Position	Final Wage
Dates Employed: From: To:	Immediate Supervisor
Duties	
Reason for Leaving	

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Address (street, city, state, zip)	Phone
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Dates Employed: From: To:	Immediate Supervisor
Duties	
Reason for Leaving	

Do you have any friends or relatives that are working at Oak Hill Country Club or who are members of Oak Hill?
If yes, who are they and state their relationship to you.

Education

School	Name, City, State	# of Years	Graduated	Major
High School				
College				
Additional Training				

If job related, please indicate the kinds of work which you have done.
Typing Computer Work Other

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

Have you ever been dismissed or forced to resign from any employment? Yes No If yes, please explain.

References

List three personal references who are not relatives or former Supervisors

Name	Address	Telephone	Years Known
1			
2			
3			

Permission to Work

If employment is offered, can you produce identification such as a U.S. passport, a driver's license or photo ID card issued by the state? Yes No

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship, or verification of your legal right to work in the United States? Yes No

Physical Limitations - Emergency Notification Designation

Do you have any physical condition or handicap which may limit your ability to perform the job for which you are applying? If yes, what can be done to accommodate your limitation? If

Person to notify in case of emergency:	Name	Relationship
Phone: Home	Work	Cell
Street Address	City	State/Zip

Applicants 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. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable at will, and that this application is not, and is not intended to be a contract for continued employment.

Signature _____ Date _____