

## Andover Country Club Employment Application

In compliance with federal and state equal employment opportunity laws, it is our intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation, the presence of non-job related medical conditions or any other protected classification.

Legal Name:				
Address:				
Street	City	State	Zip Code	
Phone Number: Email:				
What position(s) are you applying for:				
Are you at least 18 years of age? 🛛 Yes 🗖 No				
Are you legally authorized to work in the United States? 🛛 Yes 🗖 No				
(You will be required to furnish proof of lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control				
Act of 1986.)				
Will you now or in the future require sponsorship for employment visa status? 🛛 Yes 🔲 No				
Have you ever worked for Andover Country Club? 🛛 Yes 🗔 No If yes, when?				
Reason for leaving:				
Are you related to anyone who is a member of or employed at Andover Country Club? 🔲 Yes 🔲 No				
Are you willing to work holidays and weekends?				
How many hours a week are you available to work?hrs. Expected Pay: \$				

Please indicate the days and times you are available to work below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:	From:
То:	То:	То:	То:	То:	То:	То:

Can you perform th	ne essent	al functions of the job you are applying with or without reasonable
accommodations?	□Yes	

Andover Country Club Employment Application Continued....

## **EDUCATION**

High School Attended:		Did you graduate?	
College attended:		Number of years completed:y	rs.
Major/Minor:		Did you graduate? □Yes □No	
Please list any special abilities or know applying for:	• • •	s that relates specifically to the job that you ar	e
EMPLOYMENT EXPERIENCE			
Name of Company:		Job Title:	
		Salary: \$	
Name of Company:		Job Title:	
Date of Employment: From:	To:	Salary: \$	
Name of Company:		Job Title:	
		Salary: \$	
Have you ever been discharged from a	job? 🗆Yes 🖾No If	f yes, how many times?	
What were the circumstances?			
PROFESSIONAL REFERENCES			
Name:	Phone Number:	# Years Known:y	rs.
Name:	Phone Number:	# Years Known:y	rs.
Name:	Phone Number:	# Years Known: y	rs.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I authorize Andover Country Club to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

	/	/
Date	(MM/DD/YY	YYY)

Applicant Signature