

Squire Creek Country Club and Development, LLC
Choudrant, LA 71227 (318) 768-7000
EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" on page 4.
2. Complete all four pages-**do not put "see resume."**
3. If more space is needed to complete any question, use comments section on page 4.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in automatic disqualification of your application.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

HOME PHONE: _____ WK. PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

CURRENT ADDRESS: _____
STREET ADDRESS/P.O. BOX #

CITY STATE ZIP CODE

Are you at least 18 years of age? Yes No If not, can you provide proof of eligibility to work? Yes No

What date can you start? _____ What category would you prefer? Full time Part Time

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other

*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs & practices

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate driver's license?

Name on license _____ DL# _____

Type _____ State of Issue _____

Yes No Have you had any moving violations within the last seven years? Please describe: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

SECURITY

List states and counties of residence for the last seven years: _____

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Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post-trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana-related misdemeanor conviction entered more than two years prior to the date of the employment application.

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Company Name
City, State
Phone Number

Fax Number
FROM _____ TO _____
Dates Employed
Job title

Supervisor Name
Job Duties

Per _____
Salary
Hr., Week, Month
Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name
City, State
Phone Number

Fax Number
FROM _____ TO _____
Dates Employed
Job title

Supervisor Name
Job Duties

Per _____
Salary
Hr., Week, Month
Reason for Leaving

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THIRD MOST RECENT EMPLOYER		
_____	_____	_____
Company Name	City, State	Phone Number
_____	FROM _____ TO _____	_____
Fax Number	Dates Employed	Job title
_____	_____	_____
Supervisor Name	Job Duties	
_____	_____	
Per _____	_____	
Salary	Hr., Week, Month	Reason for Leaving

FOURTH MOST RECENT EMPLOYER		
_____	_____	_____
Company Name	City, State	Phone Number
_____	FROM _____ TO _____	_____
Fax Number	Dates Employed	Job title
_____	_____	_____
Supervisor Name	Job Duties	
_____	_____	
Per _____	_____	
Salary	Hr., Week, Month	Reason for Leaving

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE #	YRS. KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are listed under a different name, please enter that name: _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on race, color, sex, age, marital or veteran status, disability, religion, national origin or any other protected characteristic. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by the law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

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.

DO NOT SIGN UNTIL YOU HAVE READ THE CERTIFICATION AND RELEASE STATEMENT

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

SIGNATURE	DATE
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COMMENTS

(Ask for an additional page if necessary)
