



Application for Employment

DIRECTIONS:

Personal Information

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION	
CURRENT STREET ADDRESS		PHONE NO. - DAY ()	PHONE NO. - EVENING ()	ALTERNATE PHONE NO. ()
CITY, STATE, ZIP CODE		ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU PREVIOUSLY WORKED FOR TROON? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST: DATES OF EMPLOYMENT	LOCATION	POSITION	SUPERVISOR

IF HIRED, CAN YOU PROVIDE PROOF OR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

Employment Desired

LIST POSITION APPLYING FOR:		SOURCE OF REFERRAL: <input type="checkbox"/> SCHOOL _____ <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> PROFESSIONAL PUBLICATION <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WEBSITE/ONLINE JOB SITE <input type="checkbox"/> TROON ASSOCIATE <input type="checkbox"/> OTHER, PLEASE INDICATE: NAME _____		DESIRED WORK LOCATION(S):
CHECK EMPLOYMENT TYPE BELOW: <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> SEASONAL PART TIME <input type="checkbox"/> SEASONAL FULL TIME <input type="checkbox"/> ON-CALL				
DESIRED WAGES \$ _____ PER YEAR or \$ _____ PER HOUR	DATE AVAILABLE TO START	SPECIFY YOUR AVAILABILITY, DAY OR EVENING SHIFTS; DAYS OF THE WEEK	PLEASE LIST ANY DAYS/TIMES YOU ARE UNAVAILABLE TO WORK	

Note: Even if you have submitted a resume, you still need to complete the Employment Record, Education & Training, and References sections. Please be sure to provide all of the requested information in order to ensure that your application will be considered.

Employment Record LIST MOST RECENT EMPLOYMENT FIRST

Note: Even if you have submitted a resume, you still need to complete the Employment Record, Education & Training, and References sections. Please be sure to provide all of the requested information in order to ensure that your application will be considered.

START DATE	END DATE	FINAL POSITION TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()
POSITION DESCRIPTION			

START DATE	END DATE	FINAL POSITION TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()
POSITION DESCRIPTION			

An Equal Opportunity Employer/We E-Verify

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS), AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS, OR ANY OTHER CATEGORY PROTECTED BY LAW. EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES

Employment Record Continued

START DATE	END DATE	FINAL POSITION TITLE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME	REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE ()
POSITION DESCRIPTION			

Education & Training

COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE

LIST ANY SKILLS, LICENSES, COMPUTER SKILLS, EQUIPMENT KNOWLEDGE, TYPING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT WITH TROON

LANGUAGE ABILITY-LIST ONLY THOSE LANGUAGES YOU THINK YOU MIGHT USE FOR WORK PURPOSES:

ENGLISH

OTHER PLEASE LIST: _____

OTHER PLEASE LIST: _____

	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL ORGANIZATIONS, INDUSTRY RELATED ASSOCIATIONS, HONORS, CERTIFICATIONS, AND PROFESSIONAL LICENSES YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

References

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, YOU WILL PERMIT US TO CONTACT, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME/TITLE/RELATIONSHIP TO APPLICANT	LAST KNOWN ADDRESS	PHONE NUMBERS AND EMAIL ADDRESSES

Authorization

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING TO TROON GOLF FOR CONSIDERATION.

My signature certifies that the information provided in this application and any accompanying documentation, is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I agree to submit to drug testing as well as background checks, if requested, as part of the hiring process, and will receive separate notice and release before any such test. I grant Troon or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application, and

on my resume if provided, character information, general reputation, education, and training certification. I hereby authorize and release from any legal liability, all persons, schools, and employers named in this application, to provide Troon with any information or opinion requested related to my potential employability. If hired, I understand that employment with Troon is at-will (for no definite period of time, and may be terminated at any time for any reason, with or without notice).

Applicant's Electronic Signature _____ **Date** _____