

## APPLICATION FOR EMPLOYMENT

Course/Club Name : \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART 1: To be completed by applicant**

*Please use a ball point pen to complete paperwork.*

PERSONAL			
<b>Name: First</b>	<b>Name: Last</b>	<b>Phone Number:</b>	
		<b>Cell Number:</b>	
Present Street Address:	City:	State:	Zip Code:
How long have you lived at the above address?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, can you, after employment, submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person to be notified in case of accident or emergency:		Name:	
Present Street Address:		Phone Number:	
		City:	
		State:	
		Zip Code:	

**E - mail address:**

EMPLOYMENT DESIRED			
<b>Job Applied for:</b>	Number of Hours of Work Desired:	Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Expected:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AVAILABILITY	
Specify days and hours available:	
Are there any hours, shifts or days you cannot or will not work?	
If yes, when?	
If hired, on what date will you be available to start work?	
If hired, do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License #: _____ State: _____

MISCELLANEOUS		
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?	
List any individuals currently employed by GCP Management, LLC with whom you are familiar:		
Have you ever been convicted of a crime, excluding misdemeanor and summary offenses? (convictions are not an automatic disqualification from employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe in full:
Have you ever been fired, asked to resign, or been subject to disciplinary action in your current or previous employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide explanation:
Have you ever been counseled or disciplined for cash handling discrepancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been counseled or disciplined for being late to work or school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, do you agree to abide by the safety rules of the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide proof of eligibility to work in the United States prior to starting work? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

Type of School	Name/City/State	Number of Years Attended	Graduated	Course or Major
Grade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

Begin with your most recent employer. Include any relevant volunteer or unpaid work experience and identify and explain all periods of unemployment during the past 10 years in the space provided. Attach additional pages as necessary.

**Period(s) of unemployment**

From:	To:	How did you spend this time?
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<b>Employer's Name:</b>		Phone Number:	Name of Immediate Supervisor:	
Street Address:		City:	State:	Zip Code:
Dates of Employment: From: Mo. Yr.		Titles/Duties:	Starting Salary:	Reason for Leaving:
To: Mo. Yr.				
<b>Employer's Name:</b>		Phone Number:	Name of Immediate Supervisor:	
Street Address:		City:	State:	Zip Code:
Dates of Employment: From: Mo. Yr.		Titles/Duties:	Starting Salary:	Reason for Leaving:
To: Mo. Yr.				
<b>Employer's Name:</b>		Phone Number:	Name of Immediate Supervisor:	
Street Address:		City:	State:	Zip Code:
Dates of Employment: From: Mo. Yr.		Titles/Duties:	Starting Salary:	Reason for Leaving:
To: Mo. Yr.				

**Please answer the following questions:**

Which do you consider more important as far as a golf course is concerned -- courteous, prompt service, or a quality product? Why?

What do you consider to be the most important qualifications of a co-worker?

**Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your qualifications and merit.**

**PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT**

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree that GCP Management, LLC ("Company") may confirm any of the statements unless I have indicated to the contrary. I recognize and agree that the Company may conduct a general inquiry and investigation into my background and employment history. I authorize the referenced persons and former employers listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning me and my previous employment and any other pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment or, if I am hired, it will subject me to immediate discharge.*

***In consideration of my employment, I agree to conform to and abide by the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified item unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this application, along with other employment documents which I will sign if I am hired, shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.***

*I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and that provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of any security screening, including pre-employment substance abuse screening, that may be required by the Company.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

GCP Management, LLC will hire only individuals who are legally able to work in the United States. Proof of Identity and authorization to work legally in the United States will be required of all job candidates.

**⌘ Equal Opportunity Employer ⌘**

**STOP - APPLICANT, DO NOT WRITE BELOW THIS LINE.**

**PART 2: To be completed by employer.**

Date Interviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Interviewed by: \_\_\_\_\_  
Position Offered: Yes No Job Title: \_\_\_\_\_ Core Flex  
Rate of Pay: \_\_\_\_\_ Manager/Superintendent Approval (signature): \_\_\_\_\_