



# STONEBRIDGE

g o l f c l u b

**STONEBRIDGE IS AN EQUAL OPPORTUNITY AND AT WILL EMPLOYER**  
**EMPLOYMENT APPLICATION**

Please complete this application in its entirety. ALL QUESTIONS MUST BE FILLED IN, If your background does not contain the information requested write "NONE" in the space provided. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, handicap or disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, or any other characteristics protected by federal, state or local laws. Stonebridge reserves the right to drug test.

**PERSONAL DATA** **Please Print**

<b>LEGAL NAME</b>		Last	First	Middle Initial	Social Security Number		
<b>PRESENT ADDRESS</b>		Street		City	State	Zip	
<b>PREVIOUS ADDRESS</b>		Street		City	State	Zip	
<b>CELL PHONE</b> ( ) ( ) ( )				<b>E-MAIL</b>		<b>BEST TIMES &amp; DAYS TO TELEPHONE ME:</b>	
<b>POSITION APPLYING FOR:</b>			<input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL		<b>DATE OF BIRTH</b>		<b>DATE AVAILABLE</b>
<b>HOW DID YOU HEAR OF THIS JOB?</b>				<b>ARE YOU 18 YEARS OF AGE OR OLDER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, WHAT AGE?			
<b>HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE? IF YES, WHEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>DO YOU KNOW ANYONE THAT WORKS AT STONEBRIDGE?</b> <input type="checkbox"/> YES, IF SO, LIST NAMES <input type="checkbox"/> NO			
<b>HOURS AVAILABLE TO WORK:</b>				We will try to accommodate your schedule, but management reserves the right to schedule employee's hours as necessary for customer service coverage & business reasons, which may include weekends, evenings, & holidays.			
<b>FROM:</b>	MON	TUES	WED	THURS	FRI	SAT	SUN
<b>TO:</b>							
<b>HAVE YOU EVER BEEN EMPLOYED BY STONEBRIDGE GOLF CLUB?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in what position?				<b>Dates employed:</b>		<b>Why did you have to leave?</b>	
<b>EDUCATION (Include Jr. / Community Colleges, Trade or Business Schools)</b>					<b>Circle</b>		
	Degree	Name, City, State of School		Major/Minor	Grade Completed	Credit Earned	Graduate?
HIGH SCHOOL					9 10 11 12		
COLLEGE					1 2 3 4		
OTHER (SPECIFY)							
<b>STATE ANY ADDITIONAL INFORMATION OR SPECIAL SKILLS YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:</b>							
<b>Have you ever been convicted of a felony or the misappropriation of property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when (month/year) _____ Explain:							

**EMPLOYMENT HISTORY**  
EMPLOYMENT.

LIST BELOW YOUR WORK EXPERIENCE, STARTING WITH YOUR PRESENT OR LAST PLACE OF

Dates employed from: _____ To: _____ Starting Wage: _____ Finishing Wage: _____ Company Name: _____ Telephone Number: (_____) _____ Address: _____ Position Held: _____ Supervisor: _____ Reason for leaving: _____	
Dates employed from: _____ To: _____ Starting Wage: _____ Finishing Wage: _____ Company Name: _____ Telephone Number: (_____) _____ Address: _____ Position Held: _____ Supervisor: _____ Reason for leaving: _____	
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ANY PERIODS OF UNEMPLOYMENT? [ ] YES [ ] NO If YES, please explain and give dates:	LIST ALL OTHER COMPANIES THAT HAVE EMPLOYED YOU PRIOR TO THOSE LISTED ABOVE:

I hereby certify that all information furnished by me on this application is true, and I understand that falsification, distortion or omission of any of the aforementioned information is ground for immediate dismissal, regardless of when such omission or misrepresentation might be discovered by the Company. In submitting this application, I understand and authorize Stonebridge Golf Club to check the records of various Police Departments, The Department of Defense and the Federal Bureau of Investigation and ascertain the accuracy of what I state herein. I also consent to allowing those agencies, departments, schools and individuals mentioned herein and contacted by Stonebridge Golf Club or its agent with regard to the requested information for possible employment with the Company, to release to Stonebridge Golf Club or its agents such information. **If hired, I agree to conform to the rules and regulations of Stonebridge Golf Club, and understand that my employment and compensation is "at will" and can be terminated with or without notice at any time at the option of the Company or myself.** I further understand that Stonebridge Golf Club or any agent of the Company shall have the maximum discretion permitted by law to administer, interpret, modify, or discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I agree, in partial consideration for my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the termination of such employment and agree to waive any statute of limitation to the contrary. I understand that no Manager or representative of Stonebridge Golf Club, other than the Corporate Owners acting pursuant to Company By-Laws, has any authority to enter into an agreement for employment of any specified period of time or to make any agreement contrary to the foregoing.

I understand that before any offer of employment is finalized or thereafter if hired, I may be required to submit to a blood, urine and/other testing for alcohol, drugs, or controlled substance at a Company selected facility at the Company's expense.

I HAVE READ AND UNDERSTAND THIS APPLICATION AND THE QUESTIONS, STATEMENTS AND CONDITIONS OF EMPLOYMENT CONTAINED HEREIN.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Under the Michigan Handicappers Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notified the employer in writing of the need for accommodations within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.