

**BRAE BURN COUNTRY CLUB  
APPLICATION FOR EMPLOYMENT**

Brae Burn Country Club is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religious creed, national origin, ancestry, sex, age, disability, genetic information, sexual orientation, military or veteran status, gender identity or expression or any other legal recognized protected basis under federal, state or local laws, regulations or ordinances.

**PERSONAL INFORMATION**

NAME (LAST NAME, FIRST NAME)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		EMAIL	

**DESIRED EMPLOYMENT**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU INTERESTED IN: <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME		
EVER APPLIED TO BRAE BURN COUNTRY CLUB BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION?	WHEN?
EVER WORKED FOR BRAE BURN COUNTRY CLUB BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT BRAE BURN COUNTRY CLUB?		
WHO REFERRED YOU TO THE CLUB? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

## EDUCATION

SCHOOL LEVEL	NAME & ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## MILITARY SERVICE

BRANCH OF SERVICE	DUTIES IN SERVICE

## FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT. YOU MAY INCLUDE ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS. YOU MAY INCLUDE VERIFIABLE VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE VOLUNTEER ACTIVITIES OR ANY MEMBERSHIPS TO ORGANIZATIONS THAT MAY SUGGEST AGE, RELIGION, GENDER, GENDER IDENTITY OR EXPRESSION, RACE, COLOR, GENETIC INFORMATION, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MILITARY, OR VETERAN STATUS, OR ANY OTHER PROTECTED STATUS LEGALLY RECOGNIZED UNDER FEDERAL STATE OR LOCAL LAWS.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
ZIP			
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**FORMER EMPLOYERS**

(CONTINUED)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**FORMER EMPLOYERS**

(CONTINUED)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you now or in the future require sponsoring for employment visa status (e.g. H-1B visa status)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*(Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than the first day of work and provide the documentation required by Section 2 no later than three (3) business days after you start work).*

**IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

**Certification and Authorization--Please read carefully.**

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. \_\_\_\_ (Initials)

I authorize investigation of all statements contained herein and the references, employers and schools listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Brae Burn Country Club from all liability for any damage that may result from utilization of such information. \_\_\_\_ (Initials)

I understand that if I receive an offer of employment, such offer may be contingent upon the Club conducting a criminal history background check as is required by club policy and law. I understand that such a check may be a condition of employment at the Club. \_\_\_\_ (Initials)

**I expressly agree and understand that, if employed, my employment is not for a specified term and may be terminated at will, with or without cause or liability, by either party without prior notice to the other. I also understand and agree that no representative of Brae Burn Country Club has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.** \_\_\_\_ (Initials)

Signature \_\_\_\_\_

Date \_\_\_\_\_