

SKY VALLEY COUNTRY CLUB

Employment Application

568 Sky Valley Way, Box #1
 Sky Valley, GA 30537
 706-746-5302

APPLICANT INFORMATION										DATE OF APPLICATION _____	
Last Name			First			M.I.		DOB			
Street Address					Apartment/Unit #						
City			State			ZIP					
Phone			E-mail Address								
Date Available					Desired Salary						
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
PREVIOUS EMPLOYMENT											
<i>Please list three professional references and whether we may contact them</i>											
Full Name					Relationship						
1. Company					Phone		May we contact?				
Address											
Full Name					Relationship						
2. Company					Phone		May we contact?				
Address											
Full Name					Relationship						
3. Company					Phone		May we contact?				
Address											

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also give consent for former employers to be contacted.

Signature _____ Date _____