

LAKE TOXAWAY COUNTRY CLUB EMPLOYMENT APPLICATION

INSTRUCTIONS & INFORMATION

Thank you for your interest in employment opportunities with the Lake Toxaway Country Club.

It is very important that each question be completed thoroughly and accurately. We cannot process incomplete applications. You may include a resume; however, you must also complete all questions on the application in order for your application to be processed.

1. Fill out the Employment Application and two Job History Questionnaires. Please include phone numbers and complete mailing addresses for character references and previous supervisors. Be sure to read and answer the items on pages three and four of the Employment Application. Sign the application in the appropriate box at the bottom of page four.
2. Mail the Employment Application and two Job History Questionnaires to the address below.

Lake Toxaway Country Club
Attn. Laura Johnson
4366 West Club Boulevard
Lake Toxaway, NC 28747-9617

You may also return these items in person to the Lake Toxaway Country Club's main clubhouse building located at 4366 West Club Boulevard between the hours of 9:30am and 11:00am or between 2:30pm and 5:00pm.

3. You will be contacted if additional information is needed or if interview arrangements are in order. Your application will be maintained for twelve months.

Lake Toxaway Country Club participates in E-Verify.

Upon acceptance of job offer, employees must present work authorization documents that satisfy the requirements of the Form I-9 and E-Verify programs. Any questions relating to the work authorization documents or the E-Verify process should be directed to Pam Raines, Director of Human Resources, at (828) 885-5143 ext. 2.



EMPLOYMENT APPLICATION

LAKE TOXAWAY COUNTRY CLUB

4366 WEST CLUB BOULEVARD,
LAKE TOXAWAY, NORTH CAROLINA 28747-9617

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

INSTRUCTIONS: Please print in black ink or type. Complete all information omitting shaded areas.

PERSONAL

Name (Last Name, First, Middle Initial)		Preferred Name		Social Security Number		Date
Permanent Address				City, State, Zip Code		
Telephone Number () () ()	Other Number Where You May Be Reached () () ()	E-Mail Address		(✓) any of the following which apply to you: <input type="checkbox"/> Age 16-18 <input type="checkbox"/> Eligible to work in U.S. <input type="checkbox"/> 18 or Older <input type="checkbox"/> American Citizen		
Are you related by blood or marriage to any member of Lake Toxaway Country Club or to any other property owner within Lake Toxaway Estates? (✓ one) If Yes, please provide name and state your relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you currently, or do you plan to reside within the boundaries of Lake Toxaway Estates while employed by the Lake Toxaway Country Club? (✓ one) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who is the property owner and what is the local address?		

POSITION

Type of Work Desired		Minimum Acceptable Pay Rate \$
Desired Start Date	(✓) Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal / Summer Staff – Dates Available? <input type="checkbox"/> Part-Time – Hours Available?	

MILITARY

Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service (Month and Year) From To	Branch of Service	Type of Discharge	Rank Last Held
Are you a member of the Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Rank and description of duties including special training		

EDUCATION

Circle Highest Education Level Completed:		If not a high school graduate, do you have a GED certificate?			
Grade Level: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
SCHOOL NAME, CITY AND STATE	DEGREE	DATE EARNED OR EXPECTED	CUMULATIVE GRADE POINT AVG.	GRADUATED (Y or N)	MAJOR
Grammar School					
High School					
College					
College					
Graduate School					
Trade/Technical School					

Are you presently attending school? If yes, please provide school name and address:
 Yes No

Professional License or Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Type: _____ Identification Number: _____ Issue Date: _____ Issued By: _____ Expires: _____ Other: Type: _____ Identification Number: _____ Issue Date: _____ Issued By: _____ Expires: _____
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(✓) any of the following skills, experiences, etc., which you have:

<input type="checkbox"/> Driver's License # _____ State _____	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Waiter/Waitress	<input type="checkbox"/> Point-of-Sale Systems
<input type="checkbox"/> Commercial Driver's License (CDL) # _____ State _____	<input type="checkbox"/> Adding Machine/Calculator	<input type="checkbox"/> Bartending	<input type="checkbox"/> Computer Networking
Endorsements: _____	<input type="checkbox"/> Shorthand/Speedwriting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Customer Service
	<input type="checkbox"/> Transcription	<input type="checkbox"/> Kitchen Prep Work	<input type="checkbox"/> Event Planning

Computer Experience
 PC Software and Programs: _____
 Macintosh Software and Programs: _____
 Mainframe Computer Programming Languages and Operating Systems: _____

Human Resources Use Only

WORK INFORMATION

BEGINNING WITH THE MOST RECENT POSITION, LIST ALL PRESENT AND PAST EMPLOYMENT FOR THE LAST THREE POSITIONS HELD AND/OR A MINIMUM OF THE LAST FIVE YEARS' WORK HISTORY. PLEASE PROVIDE COMPLETE INFORMATION.

PRESENT OR LAST JOB

Name of Company		Mailing Address		City, State, Zip Code	
Phone ()	Dates Employed (Month and Year) From To		Beginning Salary \$	Ending Salary \$	Immediate Supervisor
Position	Skills Used				
Duties You Performed					
If Presently Employed, May We Contact Your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Now Employed, Why Do You Wish to Make a Job Change? If Not Employed, Reason for Leaving Last Job.		

PAST WORK EXPERIENCE

Name of Company		Mailing Address		City, State, Zip Code	
Phone ()	Dates Employed (Month and Year) From To		Beginning Salary \$	Ending Salary \$	Immediate Supervisor
Position	Skills Used				
Duties You Performed					
Reason for Leaving					

Name of Company		Mailing Address		City, State, Zip Code	
Phone ()	Dates Employed (Month and Year) From To		Beginning Salary \$	Ending Salary \$	Immediate Supervisor
Position	Skills Used				
Duties You Performed					
Reason for Leaving					

**USE A SEPARATE SHEET OF PAPER TO LIST ANY JOBS NOT INCLUDED ABOVE.
PLEASE PROVIDE EMPLOYMENT HISTORY FOR AT LEAST THE LAST FIVE YEARS.**

Have you ever been fired or otherwise asked to leave a job? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever completed a Lake Toxaway Country Club application? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____					
Were You Previously Employed by LTCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed (Month and Year) From To		Position	Department	Reason for Leaving
List any relatives employed by Lake Toxaway Country Club. (Name and relationship)					

How many work days other than planned vacation days have you missed in the past two years? <input type="checkbox"/> Less than five days <input type="checkbox"/> One to three weeks <input type="checkbox"/> More than three weeks					
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How did you learn about employment opportunities at Lake Toxaway Country Club? <input type="checkbox"/> Club Member <input type="checkbox"/> Family/Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Employment Security Commission <input type="checkbox"/> Other (specify): _____					
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Human Resources Use Only					

PERSONAL INFORMATION

Note: A yes answer to the questions below does not automatically disqualify you from employment since the nature of the offense, date, and type of work for which you are applying will be considered. Please use additional sheet if necessary.

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain:

Have you ever been disciplined or discharged for fighting, theft, assault, or violating safety rules? Yes No If yes, please explain:

Have you ever signed a non-competition, non-disclosure, or other similar agreements with your current or previous employers? Yes No If yes, please furnish a copy of the agreement for our review.

PERSONAL REFERENCES (NOT A RELATIVE OR FORMER EMPLOYER)

Name	Street Address	Telephone Number	No. of Yrs. Known
	City, State, Zip	()	
Name	Street Address	Telephone Number	No. of Yrs. Known
	City, State, Zip	()	

Human Resources Use Only

PLEASE REVIEW YOUR ANSWERS CAREFULLY BEFORE SIGNING STATEMENT BELOW

IMPORTANT: Please Read Each Paragraph Carefully Before Signing

By my signature placed below, I certify that I have given true, accurate, and complete information on these forms to the best of my knowledge. I understand if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

I also authorize the Lake Toxaway Country Club to contact any person, listed references, educational institutions, current employer (except as previously noted), past employer(s), professional associations, law enforcement agencies, licensing boards, and other organizations who might know of my qualifications for employment and also authorize the contacted entity to provide the Lake Toxaway Country Club with relevant information and opinions that may be useful to the club in making a hiring decision. Furthermore, I hereby release any such person and/or organization from any legal liability in making such statements.

I understand that, in the event of an accident involving any personal injury on the job, I will be required to submit to a mandatory drug/alcohol test. I further agree to immediately notify Lake Toxaway Country Club if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

I understand this application does not, by itself, create a contract of employment. I understand and agree, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

This application will be retained for 12 months. You may ask for it to be retained an additional six months, or you may reapply if you so desire. If employed, this Employment Application will become part of your permanent file.

Signature	Date
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SIGNATURE IS REQUIRED FOR APPLICATION TO BE COMPLETE
(Unsigned Applications Will Not Be Processed)

JOB HISTORY/ REFERENCES QUESTIONNAIRE

NOTE: Please answer these questions and provide reference information on reverse side of form for each of the last two jobs held, including the current one. (Use only one sheet for each job.)

Your Name	Social Security Number	Date Prepared
Name of Job/Position	Name of Company	Date Employed

1. What were the major activities you performed? Indicate which ones you did very well, and which most poorly.

2. What were your major accomplishments in this job?

3. What were your most acute problems in this job, and how did you deal with them?

4. Why did you leave this position (or wish to)?

5. What do you consider your major business strengths?

6. What qualities or skills do you need to develop further?

It is very important that this page be thoroughly completed.

Good Hiring practices are very important to Lake Toxaway Country Club. A part of that process is conducting employment references. Your assistance with this effort is greatly appreciated, as it will allow us to complete the hiring process more thoroughly and quickly. This information is related to the company/position you have referenced on the opposite side.

If this form is being completed for a **current** employer, please provide two reference names that can be confidentially contacted at this time. We do recognize that applicants often do not want current employers to be aware of a job search and we have no intention of violating that request. However, there might be a former supervisor who is not longer with the company or there might be a co-worker who may be confidentially contacted.

If this is **not a current** employer, please provide information for three references.

Name of Company

Reference Name	Person's Working Relationship to You	Address	Telephone Numbers
			Home: Work:
			Home: Work:
			Home: Work:

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