

GENERAL INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, please provide details in the space provided, including: dates, charges and disposition.

Have you missed any work in the last year? Yes No If so, how much? _____

Were you ever employed with the Cherokee Metropolitan District or Cherokee Ridge Golf Course? Yes No
If yes, please list dates, location and supervisor:

Have you previously applied for employment here? Yes No

Our policy does not permit relatives to be employed in a direct or indirect supervisory relationship, to ensure compliance, please answer the following question(s).

Do you have any relatives who are current employees of the Cherokee Metropolitan District or Cherokee Ridge Golf Course? Yes No

If yes, please list name, relationship to you, job title and location:

DRIVER'S LICENSE INFORMATION

Number: _____ State: _____ Class: _____ Expiration: _____

COMMERCIAL DRIVER'S LICENSE (If applicable)

Number: _____ State: _____ Class: _____ Expiration: _____

Please list all accidents and traffic convictions within the last three years in the space provided:

EDUCATION

Did you graduate from high school or do you have a G.E.D.? Yes No

High School Name: _____

High School Location: _____

COLLEGE

Name	Field of Study	Credit Hours	Degree/Diploma	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

ADDITIONAL TRAINING (Please list any licenses, professional registrations, certifications or memberships)

COMPUTER SKILLS (Please indicate any computer skills with which you are proficient)

- PC User Windows Microsoft Word Microsoft Excel Microsoft PowerPoint
 Microsoft Access Microsoft Publisher Internet E-Mail Web Page Design
 Other – please list: _____

Are you 10-key proficient? Yes No Do you type? Yes No WPM: _____

SPECIAL SKILLS

Please list any business/office equipment or machinery you are a skilled operator of:

Please list any plant machines or equipment you are a skilled operator of:

EMPLOYMENT HISTORY (Please list your last four positions, if applicable, starting with the most recent)

EMPLOYER 1:

Employer:		Name of Supervisor:	Employment Dates:	Wage/Salary:
Address:			From:	Starting:
City, State, Zip Code:			To:	Ending:
Phone Number:		Reason for Leaving:		
Job Title:				
Duties:				

May we contact this employer if you are considered for the position? Yes No

EMPLOYER 2:

Employer:		Name of Supervisor:	Employment Dates:	Wage/Salary:
Address:			From:	Starting:
City, State, Zip Code:			To:	Ending:
Phone Number:		Reason for Leaving:		
Job Title:				
Duties:				

May we contact this employer if you are considered for the position? Yes No

EMPLOYER 3:

Employer:		Name of Supervisor:	Employment Dates:	Wage/Salary:
Address:			From:	Starting:
City, State, Zip Code:			To:	Ending:
Phone Number:		Reason for Leaving:		
Job Title:				
Duties:				

May we contact this employer if you are considered for the position? Yes No

EMPLOYER 4:

Employer:		Name of Supervisor:	Employment Dates:	Wage/Salary:
Address:			From:	Starting:
City, State, Zip Code:			To:	Ending:
Phone Number:		Reason for Leaving:		
Job Title:				
Duties:				

May we contact this employer if you are considered for the position? Yes No

MILITARY (Please list any skills or competencies acquired through military service applicable to this position)

Branch of Service:		Active Duty From:	
		To:	
Service Duties:			

REFERENCES (Please provide contact information for three references other than relatives or former employers)

Name	Phone Number	Relationship

CONSENT, WAIVER AND DISCLOSURE (Please carefully read each statement and sign where indicated)

AT-WILL EMPLOYER

The submittal of this application or agreement to an interview is neither a binding contract nor a guarantee of future benefits from the Cherokee Metropolitan District or Cherokee Ridge Golf Course. I understand and agree, if hired, my employment will be considered at-will, and may be terminated, with or without cause, at any time by either myself or the employer.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that all information provided herein is true and complete to the best of my knowledge. I understand that omissions, misstatements and/or falsifications shall be cause for denial of eligibility for employment with the Cherokee Metropolitan District/Cherokee Ridge Golf Course or termination of employment if employed.

PRE-EMPLOYMENT SCREENING

I understand any employment offer is contingent upon successful completion of a pre-employment drug/alcohol test, review of work references and background check results.

DRIVING RECORD

I understand specific positions with the Cherokee Metropolitan District/Cherokee Ridge Golf Course may require evidence of an acceptable driving record; furthermore, all employees performing safety-sensitive functions are subject to random drug and alcohol testing in compliance with Department of Transportation (DOT) Federal Motor Carrier Safety Administration (FMCSA) Part 382.

EMPLOYMENT ELIGIBILITY

If employed, I agree to provide proof of identity, relevant licensure or credentials, and my authorization to work in the United States.

Signature

Date

OFFICE USE ONLY

Job Classification/Title:		Notes:
Date Employed:		
Starting Wage/Salary:		

Application information checked by: Name: _____ Date: _____

ADDITIONAL SPACE *(For applicant)*