REDLAND GOLF AND COUNTRY CLUB

24451 SW 177 AVE. HOMESTEAD, FL 33031 (305) 247-8503

EMPLOYMENT APPLICATION

NOTE: DRUG TESTING MANDATORY

| LAST | | FIRST | MI | DATE OF APPLICATION |
|----------------|-------|-------|----|-------------------------------|
| NAME | | | | |
| | | | | |
| STREET ADDRESS | | | | TELEPHONE # |
| | | | | |
| CITY | STATE | ZIP | | HAVE YOU WORKED FOR US BEFORE |
| | | | | |
| DOCUETON | | | | |
| POSITION: | | | | |
| | | | | |
| | | | | |

REDLAND GOLF & COUNTRY CLUB IS AN EQUAL OPPORTUNITY EMPLOYER, AND WE DO NOT AND WILL NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, SEX, AGE, HANDICAP, MARITAL STATUS OR STATUS AS A DISABLED VETERAN. INFORMATION PROVIDED ON THIS APPLICATION WILL NOT BE USED FOR ANY DISCRIMINATORY PURPOSE.

PLEASE PROVIDE ALL INFORMATION REQUESTED.

YOUR COMPLETE APPLICATION FORM WILL BE MAINTAINED IN OUR ACTIVE FILES FOR TWENTY (20) DAYS FROM THE DATE OF APPLICATION. YOU MAY SUBMIT A NEW APPLICATION AT ANY TIME.

EMPLOYMENT RECORD

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS, INCLUDEING SELF- EMPLOYMENT AND SUMMER AND PART-TIME JOBS. IF MORE SPACE IS REQUIRED PLEASE CONTINUE ON A SEPARATE SHEET. YOU MAY ATTACH A RESUME, BUT COMPLETE THIS APPLICATION AS WELL.

IF ANY OF YOUR EMPLOYMENT RECORDS ARE UNDER OTHER THAN THE ABOVE NAME, PLEASE PROVIDE OTHER NAME.

| PRESENT OR LAST EMPLOYMENT | TYPE OF BUSINESS | TYPE OF JOB |
|----------------------------------|------------------|-----------------------------|
| ADDRESS | PHONE NUMBER | BRIEF DESCRIPITON OF DUTIES |
| CITY, STATE | ZIP | BASE SALARY |
| SUPERVISOR'S NAME & PHONE NUMBER | DATES WORKED | P FROM TO |
| REASON FOR LEAVING | | |

| PREVIOUS EMPLOYMEN | NT TYP | TYPE OF BUSINESS PHONE NUMBER | | TYPE OF JOB BRIEF DESCRIPITON OF DUTIES | | |
|---------------------|--------------|--------------------------------|--------------|--|----|--|
| ADDRESS | | | | | | |
| CITY, | STATE | ZIP | BASE SALARY | | | |
| SUPERVISOR'S NAME & | PHONE NUMBER | 1 | DATES WORKED | FROM | ТО | |
| REASON FOR LEAVING | | | | | | |

| PREVIOUS EMPLOYMENT | TYPE OF BUSINESS | TYPE OF | F JOB | | |
|---|--|---|---|--|--|
| ADDRESS | PHONE NUMBER | | BRIEF DESCRIPITON OF DUTIES | | |
| CITY, STAT | E ZIP | | BASE SALARY | | |
| SUPERVISOR'S NAME & PHONE | NUMBER | DATES WORKED | FROM | ТО | |
| REASON FOR LEAVING | | | | | |
| MAY WE CONTACT YOUR PRESI | ENT EMPLOYER?YES | SNO | | | |
| WAGE OR SALARY REQUIRED | | | | | |
| DATE AVAILABLE FOR WORK | WE A | RE OPEN 364 DAYS (| CLOSED ON CHRI | STMAS DAY ONLY) | |
| DO YOU HAVE A FLEXIBLE SCH | EDULE | _ | | | |
| CAN YOU WORK WEEKENDS | | | | | |
| CAN YOU WORK NIGHTS | | | | | |
| SPECIAL SKILLS: | | | | | |
| BARTENDER/WAITRESS OR WAI COOK HOUSEKEEPING HOUSE MAINTENANCE GOLF COURSE MAINTENANCE CARTS OR PRO SHOP OTHER: | YESNO NYESNO NYESNO N | UMBER OF YEARS EX UMBER OF YEARS EX | XPERIENCE XPERIENCE XPERIENCE XPERIENCE XPERIENCE XPERIENCE XPERIENCE XPERIENCE | - - - - - | |
| LIFTING ITEMS UP TO 55 POUND WOULD YOU BE ABLE TO LIFT T | S BAY BE REQUIRED IN THE | COURSE OF YOUR E | | | |
| REDLAND GOLF & COUNTRY CL WORK ANY SHIFT ASSIGNED TO | UB MAY AT TIMES REQUIRE YOU BY YOUR SUPERVISOR | A WORK WEEK OF S | SEVEN DAYS. AR _ NO | E YOU WILLING TO | |
| DO YOU HAVE RELIABLE TRANS | SPORTATION TO AND FROM | WORK?YES | NO | | |
| DO YOU HAVE A VALID DRIVER | S LICENSE? YES | NO | | | |
| HAVE YOU HAD A SUSPENSION/I | PROBATION OF YOUR LICENS | SE WITHIN THE LAS | T FIVE (5) YEARS | ? YES NO | |
| HOW MANY SPEEDING OR OTHE | ER MOVING VIOLATIONS HA | VE YOU RECEIVED I | N THE LAST THR | EE YEARS? | |
| HAVE YOU EVR BEEN CONVICTI | ED OF A CRIME?YES _ | NO IF YES, GIV | E DETAILS ON BE | CLOW. | |
| HAVE YOU EVER PLEAD GUILTY IN A PRE-TRIAL INTERVENTION GIVE DETAILS BELOW. | , NO CONTEST, NOLO CONTI PROGRAM AS A RESULT OF | ENDERE, HAD ADJUI BEING CHARGED W | DICATION WITHE ITH A CRIME? | IELD, OR BEEN PLACED YESNO IF YES, | |
| REDLAND GOLF & COUNTRY CL BY MY SUPERVISIOR BEFORE E | | LACE. I AGREE TO S | SUBMIT TO A DR | UG TEST IF REQUIRED | |
| I HEREBY CERTIFY THAT THE A AND THAT I UNDERSTAND ANY I FOR SEPERATION FROM THE CO CONTINGENT UPON RECEIPT OI PERTINENT INFORMATION BEA UPON THE WILL OF THE COMPA | MISREPRESENTATION OR ON OMPNY'S SERVICE, IF EMPLO FAN ALIEN REGISTRATION N RING UPON MY EMPLOYMEN | MISSION OF FACTS O YED. I UNDERSTAN NUMBER, VERIFICAT | ON MY PART WILL D THAT MY EMP TION OF BIRTH A | L BE JUSTIFICATION LOYMENT MAY BE ND ANY OTHER | |
| DATE | APPLICANTS SI | GNATURE | | | |
| | | | | | |