



APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Therefore, we encourage you to be as complete and as specific as possible.

(PLEASE PRINT PLAINLY. Incomplete information could disqualify you from further consideration.)

PERSONAL INFORMATION

NAME:	LAST	FIRST	MI.
CURRENT ADDRESS:	STREET ADDRESS	CITY	STATE ZIP CODE
HOME TELEPHONE:		CELL TELEPHONE:	
EMAIL ADDRESS:			
ARE YOU IMMEDIATELY AUTHORIZED FOR UNRESTRICTED WORK IN THE UNITED STATES		ARE YOU OF LEGAL AGE TO WORK	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT?* <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SET FORTH THE NATURE AND DATES OF THE CONVICTION AND DATE OF RELEASE FROM PRISON* _____			
* Answering yes does not automatically disqualify you from consideration for employment.			
DRIVER'S LICENSE			
STATE: _____		LICENSE NUMBER: _____	

JOB INTEREST

POSITION(s) you are primarily interested in:		Rate of Pay Expected:	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN EMPLOYED BY BILTMORE FORM EST COUNTRY CLUB?			
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES: DATE(s)		DEPARTMENT:	
ARE YOU ACQUAINTED WITH OR RELATED TO ANY BILTMORE FOREST COUNTRY CLUB EMPLOYEE?			
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, Please identify name and relationship:			
DATE AVAILABLE:		SHIFT PREFERRED:	
AVAILABLE TO WORK:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
DAYS AVAILABLE:		HOURS AVAILABLE:	

EDUCATION

	SCHOOL NAME	CITY AND STATE	MAJOR COURSE OF STUDY	DID YOU GRADUATE
HIGH SCHOOL				
COLLEGE:				
BUSINESS, TECHNICAL OR TRADE				
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED: (OMIT THOSE WHICH INDICATE RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY)				
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED (OMIT THOSE WHICH INDICATE RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY)				

REFERENCES

GIVE THE NAMES OF TWO PERSONS TO WHOM YOU ARE NOT RELATED				
NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.				
2.				

PERSONAL STATEMENT

What qualifications, abilities and strong points will help you succeed in this job _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Biltmore Forest Country Club is committed to a policy of equal employment opportunity for all individuals and will make every effort to provide equal employment without regard to race, color, religion, sex, national origin, age, mental or physical disability, genetics, disabled, recently separated, other protected and armed forces medal veterans, or any other classification protected by federal, state or local law.

EMPLOYMENT HISTORY

(BEGIN WITH MOST RECENT POSITION AND PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT)

1	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
			FROM	TO	
	ADDRESS (STREET NO.):				RESPONSIBILITIES:
	CITY/STATE/ZIP		ANNUAL SALARY OR HOURLY RATE		
	TELEPHONE: ()		STARTING	ENDING	
	SUPERVISOR:				
REASON FOR LEAVING:					

2	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
			FROM	TO	
	ADDRESS (STREET NO.):				RESPONSIBILITIES:
	CITY/STATE/ZIP		ANNUAL SALARY OR HOURLY RATE		
	TELEPHONE: ()		STARTING	ENDING	
	SUPERVISOR:				
REASON FOR LEAVING:					

3	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
			FROM	TO	
	ADDRESS (STREET NO.):				RESPONSIBILITIES:
	CITY/STATE/ZIP		ANNUAL SALARY OR HOURLY RATE		
	TELEPHONE: ()		STARTING	ENDING	
	SUPERVISOR:				
REASON FOR LEAVING:					

4	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
			FROM	TO	
	ADDRESS (STREET NO.):				RESPONSIBILITIES:
	CITY/STATE/ZIP		ANNUAL SALARY OR HOURLY RATE		
	TELEPHONE: ()		STARTING	ENDING	
	SUPERVISOR:				
REASON FOR LEAVING:					

If you need additional space, please continue on a separate sheet of paper.

State whether you have been terminated or suspended from any previous employment and describe the circumstances:

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PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the General Manager, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if I am being offered a position that I must submit to a pre-employment drug screening and that being hired is contingent on passing the drug screening. After I am hired I may be required to undergo a drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and the test will be performed at the employer's expense, by the employer's choice of physician. I understand that the Club does not have any light duty responsibilities.

In connection with my application for employment, I understand that consumer reports or investigation consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employment verification and others. These reports will include experience along with reasons for termination of employment. Further I understand that you will be requesting information from various Federal, State, local and other agencies which could contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of CIC Applicant Background Check, upon proper identification and the payment of any authorized fees, for information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature

Date

Printed Name

Revision Date: 05/19/2015