

Greensboro National Golf Club

330 Niblick Drive
Summerfield, NC 27358
336-342-1113

Date: _____

Position Applied for: _____

FULL LEGAL NAME

Last *First* *MI*

ADDRESS

Street

City *State* *Zip Code*

Social Security # *Date of Birth*

CONTACT INFORMATION

TELEPHONE & EMAIL

Home *Work* *Cell*

Are you eligible to work in the United States? Yes { } No { }

Are you 16 years of age older? Yes { } No { }

Have you ever worked at a golf facility before? Yes { } No { }

If yes, where and in what capacity _____

Have you ever applied for a position at GNGC before? Yes { } No { }

Have you ever been terminated from a job? Yes { } No { }

If yes, please explain _____

Have you ever been convicted of any criminal act? Yes { } No { }

If yes, please explain _____

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AVAILABILITY

MON TUE WED THU FRI SAT SUN

AVAILABLE START DATE:

EXPECTED WAGE:

EXPERIENCE

Job Title

Employer

Responsibilities

Location

Supervisor/Title

Contact Phone #

Reason For Leaving

Salary:

***Dates:* Start**

_____ End

Start

_____ End

Job Title

Employer

Responsibilities

Location

Supervisor/Title

Contact Phone #

Reason For Leaving

Salary:

***Dates:* Start**

_____ End

Start

_____ End

Job Title

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Reason For Leaving

Salary:

***Dates:* Start**

_____ End

Start

_____ End

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EDUCATION		336-342-1113	
<i>Name of Institution</i>	<i>Degree Received</i>	<i>Major</i>	<i>Dates</i>

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant Date