



OAHU COUNTRY CLUB

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all portions of this employment application to be considered for employment. If you require accommodations during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest & court record or any other protected category recognized by state & federal laws. This employment application is valid for a three month period after submission to the Company and only for the desired position.

PERSONAL INFORMATION

First Name, Middle Initial	Last Name	Social Security No.
Address	City, State	Zip Code
Home Phone	Cell Phone	Email

Do you meet the minimum age requirement set by law for the desired position? Yes No

Can you, after employment, submit verification of your legal right to work in the USA? (Note: If offered employment you will be required to submit documentation required by IRCA)

Yes No

DESIRED EMPLOYMENT

Desired Position*	Date you can start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been provided with the job description of the desired position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have been provided with a job description of the desired position, please answer this question: After reading the job description, can you perform the essential functions of the position with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	When
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other _____		
Apart from religious observances, will you be able to work all other times? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*NOTE: If hired, you will be required to perform work as required by the Company

EDUCATION

School Level	Name & Location of School	No of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				

FORMER EMPLOYERS

List below your last four employers, starting with the most recent one first.
For each employer, you must answer all questions.

Name of Employer:		
Address:		
Telephone:	Job Title:	Supervisor Name:
Starting Date:	Date last worked:	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Work:		
Reason(s) for leaving:		

Name of Employer:		
Address:		
Telephone:	Job Title:	Supervisor Name:
Starting Date:	Date last worked:	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Work:		

Reason(s) for leaving:

Name of Employer:		
Address:		
Telephone:	Job Title:	Supervisor Name:
Starting Date:	Date last worked:	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Work:		
Reason(s) for leaving:		

Name of Employer:		
Address:		
Telephone:	Job Title:	Supervisor Name:
Starting Date:	Date last worked:	May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Work:		
Reason(s) for leaving:		

REFERENCES

Give the names of 3 people you are not related to, whom you have known at least 1 year and whom we can contact.

Name	Address	Years Known	Phone Number

JOB SKILLS, QUALIFICATION AND EMPLOYMENT GAPS

Summarize your job skills, training and/or study that are relevant for the desired position. Also explain any periods that you were not working.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment.
- B. If employed, I agree to conform to the guidelines and policies of the Company. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the Executive Manager of the Company has any authority to enter into any Agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an Agreement must be in writing and signed by the Executive Manager, and I will not rely upon anything else.
- D. I understand and agree that the company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered employment by the Company, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or releases(s) as required by the Company to investigate my employment application.
- F. The Company may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. The Company may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service Information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a Satisfactory military record as determined by the Company.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Authorization/Signature of applicant: _____

Date: _____

ARBITRATION AGREEMENT

In consideration for the Company's examination and investigation of my employment application, and in order to promptly resolve any legal dispute I may have with the Company regarding my recruitment, employment, employment benefits or separation of employment (including but not limited to any claim of employment discrimination under the federal Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, the American with Disabilities Act or any claim relating to an employee benefit plan under the Employee Retirement Income Security Act), I agree to submit any and all such claims to binding arbitration pursuant to the Federal Arbitration Act in accordance with the procedures of the American Arbitration Association then in effect for resolving such disputes.

Authorization/Signature of applicant: _____

Date: _____

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

OAHU COUNTRY CLUB ("The Company") may obtain information about you from a third party consumer reporting agency for Employment Purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.**

Signature: _____

Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by OAHU COUNTRY CLUB at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under the age of 18)

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date