

## \*PLEASE COMPLETE IN BLUE OR BLACK INK\*

Today's Date:	When can you start work?			
Position Desired:		Salar	y Desired:	
What days and times would you	u be available to wor	·k?		
Mon Tue Wed	Thur	_ Fri	Sat	Sun
PERSONAL DATA				
Name: Last:	First: _			M.I.:
Address:				
City:				
Telephone: Home:	Cell:		Work:	
Email:				
Are you legally authorized to work in the United States without limitation? Yes No				
* (Proof of citizenship or immigration WILL be required for employment)*				
Have you ever been convicted of a felony? Yes No				
If yes, please explain:				
*IMPORTANT NOTE: A convid		sarily disqua	lify you from	employment.*
WORK EXPERIENCE				
Please list your three most rece	ent places of employn	nent:		
1 – Company Name:				
Dates Worked: From	_ To			
City/State:		Position	Held:	
Reason For Leaving:				
2 – Company Name:				



Dates Worked: From To	
City/State:	Position Held:
Reason For Leaving:	
3 – Company Name:	
Dates Worked: FromTo	
City/State:	_ Position Held:
Reason For Leaving:	
EDUCATION	
High School:	
Name:	
City/State:	
Did You Receive A Diploma? Yes No	
College/Trade School:	
Name:	
City/State:	
Did You Receive A Diploma? Yes No If Yes, Deg	gree:
<u>Culinary/Business School</u> :	
Name:	
City/State:	
Did You Receive A Diploma? Yes No If Yes, Deg	ree:
REFERENCES	



Please give us the names and current telephone numbers of two (2) of your past hospitality industry employers, (or other employers if new to the hospitality business) who can give us an accurate perspective of you as a potential employee of Doylestown Country Club.

1 – Business Name:	
Supervisor's Name and Position:	
Telephone Number:	
2 – Business Name:	
Supervisor's Name and Position:	
Telephone Number:	
I understand that any omission or misrepresentation of refusal of or of separation from employment. I hereby make any investigation of my background deemed necesthecks will be conducted by Doylestown Country Club employment is at the mutual consent of the employee a consequently, either the employee or Doylestown Counrelationship at will, for any reason, at any time, with or	authorize Doylestown Country Club to essary. I understand that reference or its agents. I further understand that and Doylestown Country Club; atry Club can terminate the employment
I understand that I must submit documentation to Doy eligibility to work in the United States as required by th Control Act of 1986. I further understand that submiss within 72 hours of being hired.	ne Federal Immigration Reform and
Signature of Applicant:	Date:
Thank you for your interest in Doyle	estown Country Club!

Doylestown Country Club Is An Equal Opportunity Employer