



# EMPLOYMENT APPLICATION



Perspective Golf Group is an Equal Opportunity Employer. We comply with all applicable Federal, State and Local Laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION				
POSITION APPLIED FOR:			APPLICATION DATE:	
LAST NAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS:		CITY:		STATE:
TELEPHONE:		EMAIL:		

Have you been convicted of a crime in the past seven (7) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (check one)  Yes  No

If "Yes", please explain. \_\_\_\_\_

*A conviction will not necessarily automatically disqualify you for employment.*

Are you legally authorized to work in the U.S.?	(check one)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Will you now or in the future require sponsorship for employment visa status (e.g. H1-B)?	(check one)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
If you are under eighteen (18), are you able to furnish a work permit?	(check one)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Can you perform the essential functions of the position for which you are applying?	(check one)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

If no, please explain. \_\_\_\_\_

<input type="checkbox"/>		LIST FRIENDS / RELATIVES WORKING FOR PERSPECTIVE GOLF:				
DATE AVAILABLE TO START:		EMPLOYMENT TYPE:      FULL-TIME    PART-TIME    SEASONAL				
(circle one)						
IF PART-TIME, YOUR AVAILABILITY:		SUN	MON	TUE	WED	THU
FROM:						
TO:						
WORK EXPERIENCE						
FROM:		COMPANY NAME/ADDRESS:			TELEPHONE:	
TO:						
POSITION HELD:		SUPERVISOR NAME/TITLE:				
LAST WAGES:		REASON FOR LEAVING:				
FROM:		COMPANY NAME/ADDRESS:			TELEPHONE:	
TO:						
POSITION HELD:		SUPERVISOR NAME/TITLE:				
LAST WAGES:		REASON FOR LEAVING:				
FROM:		COMPANY NAME/ADDRESS:			TELEPHONE:	
TO:						
POSITION HELD:		SUPERVISOR NAME/TITLE:				
LAST WAGES:		REASON FOR LEAVING:				

<b>MAY WE CONTACT THE EMPLOYERS ABOVE?</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", indicate which one(s) you do not wish us to contact. _____ _____
--	---

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Do you hold any certification and/or membership (e.g. PGA, CPR, CPA, Bartending License?) List any additional computer skills and/or languages spoken.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION				
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				
PROFESSIONAL REFERENCES- at least one current or former manager				
NAME, TITLE AND COMPANY		TELEPHONE	RELATIONSHIP/YRS KNOWN	

**APPLICANT'S CERTIFICATION - Please read thoroughly before signing.**

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that if I become employed a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize Perspective Golf Group as part of its evaluation of my suitability for employment to contact all previous supervisors, school officials and references to secure information concerning my skills, character and ability.

**I understand and agree that, if I am employed, I will be an at-will employee, and Perspective Golf Group may terminate my employment at any time and for any reason with or without prior notice.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_