

# Greene Hills Club, Inc.

3858 Dundee Road  
PO Box 297  
Stanardsville, VA 22973

## Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of work for which you wish to be considered \_\_\_\_\_

What source led you to make application with us? \_\_\_\_\_

## Personal Information

Are you legally authorized to work in the U.S.? Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 16 years of age? Yes  No

Have you ever been convicted of a felony or are there any pending charges against you?

*A conviction does not automatically bar you from employment)*

Yes  No  If yes, include details \_\_\_\_\_

If hired, when would you be available? \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_

# Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/ Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

Do you have any other skills you wish to mention? \_\_\_\_\_

\_\_\_\_\_

## References

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

*\*For additional references, please attach a separate sheet.*

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

*\*For additional references, please attach a separate sheet.*

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This is not legal advice. Employer should review this Application for Employment with local counsel prior to use, as each state has its own set of laws which relate to discrimination and hiring practices.*

# Employment History

Are you presently employed? Yes  No  If so, may we contact your present employer?  
 Yes  No

Please list your complete employment history. List present or most recent employer first.  
 Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				