WINGED FOOT GOLF CLUB

FENIMORE ROAD MAMARONECK, NY 10543



APPLICATION FOR EMPLOYMENT

WINGED FOOT GOLF CLUB POLICY PROHIBITES DISCRIMINATION IN EMPLOYMENT DUE TO GENDER, AGE, RACE, RELIGION, COLOR, NATIONAL ORIGIN, MARITAL STATUS, CITIZENSHIP, SERVICE IN THE ARMED FORCES OF THE UNITED STATES DISABILITY OR ANY OTHER APPLICABLE PROTECTED CLASSIFICATION. WINGED FOOT GOLF CLUB WILL ENDEAVOR TO MAKE A REASONALBE ACCOMMODATION TO THE KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE UNLESS THE ACCOMMODATION WOULD IMPOSE AN UNDUE HARDSHIP ON THE OPERATION OF OUR BUSINESS.



WINGED FOOT GOLF CLUB

FENIMORE ROAD MAMARONECK, NY 10543-2100

APPLICATION FOR EMPLOYMENT

	Date						
PERSONAL INF	ORMATION	I :					
Name							
			Middle		Last	Last	
Present Address						7: 0 1	
		Street	Ci	ty	State	Zip Code	
Telephone ()	A	Alternate Tel	ephone ()		
Email							
If under 18 years	of age, do yo	u have a work pe	rmit?ííí	íííííí	íííííí	í Yes / No	
Are you prevente status? (You will extended a job of	be required	to furnish proof o	f lawful wor	k status and i	dentification	if you are	
******	*****	******	*****	******	******	******	
EMPLOYMENT	DESIRED						
Position(s) applie	d for:						
Date you can star	t:						
Have you ever we	orked for this	club before? í í	íííííí	íííííí	íííííí	í Yes / No	
When?		Supe	ervisor				
Reason for leavin	g?						
************ EDUCATION							
Highest grade cor	mpleted	1 2 3 4 5 6 Grade Schoo		9 10 11 1 High Scho		1 2 3 4 College	
Name of last scho	ool				- -		
License, vocation	al or trade tra	nining					
******	****	 	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	*****	~~~~~~~~~~~~~	

EMPLOYMENT HISTORY

List below your work experience (starting with your present or most recent employer) for the last five years or last two employers, whichever will provide us with the greatest information about you. Use the reverse side of the application form if additional space needed. Please account for all periods of employment in this section.

Dates of Employment	From	То	Job Title						
Name and Address of Employer									
Phone # Name of Supervisor									
Briefly describe your job duties and work experience									
Reason for leaving									
Dates of Employment	From	То	_ Job Title						
Name and Address of En	nployer								
Phone #	Name o	f Supervisor							
Briefly describe your job duties and work experience									
Reason for leaving									
May we contact your em	ployer at this time?	Yes N	0						

APPLICANT S STATEMENT

I understand that the employer follows an õemployment at willö policy, that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state of federal law. I understand that no management representative has any authority to enter into an agreement, either oral or written, for continuing employment for any specific period of time or which is contrary to the foregoing except the General Manager of the Club and only if such agreement is made in writing, signed by the General Manager. I understand that this application is not a contract of employment. I understand federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization; failure to submit such proof will result in denial of employment.

I authorize the Club to verify all of my answers to this Application to disseminate the information I gave on the Application to any person or entity. I authorize all persons or entities listed in this Application to give the Club information regarding me and hereby release the Club, its agents, and all of said persons or entities from any and all liability to me.

I authorize the Club or/and its designated agents to conduct criminal background check and drug testing. I am aware that any findings are not an absolute bar to employment but will be analyzed to determine if they reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for the Club employees, members and their guests.

If I am employed: (i) I will follow all Winged Foot Golf Club (õthe Clubö) rules and will perform any duties which may be assigned to me at any time; (ii) my employment is for no fixed term and may be curtailed or terminated at any time in the Clubøs sole discretion or for any reason not contrary to law; (iii) I will work whatever days, hours and overtime as the Club requires; (iv) and my hours and days of work are not guaranteed and may be changed at any time and from time to time by the Club.

I completed this application truthfully and completely. If I have not fully and honestly completed this application, the Club may reject my application or dismiss me from employment at any time.

I have read and understood the above and agree to it.	
Applicant Signature	Date