

SALEM HILLS GOLF CLUB, INC.

APPLICATION FOR EMPLOYMENT

Bring the completed form in person to the Salem Hills G.C. Pro-shop (248-437-2152)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ E-MAIL _____

JOB(S) APPLIED FOR: 1. _____
2. _____

EDUCATION: Name: _____ Highest Level Completed: _____
High School: _____
College: _____
Business School: _____
Trade School: _____
Other: _____

WORK EXPERIENCE:

1- Name of employer: _____
Address: _____
From: _____ To: _____
Duties: _____

2- Name of employer: _____
Address: _____
From: _____ To: _____
Duties: _____
Reason for leaving: _____

MISCELLANEOUS:

1. Are you a citizen of the United States or have a non-citizen work permit?	Yes	No
2. Are you 18 years old or older?	Yes	No
3. Are any of your relatives employees of the company?	Yes	No
4. Have you ever been convicted of a crime?	Yes	No
5. Are there any felony charges pending against you?	Yes	No
6. Do you have a reliable source of transportation to and from work?	Yes	No

7. Are there limitations to the hours you would be available for employment? Yes No
8. Can you perform the duties of the job for which you have applied with or without accommodation? Yes No

PERSONAL REFERENCES: (Exclude former employers and relatives)

1. Name: _____
Address: _____
Telephone : _____
2. Name: _____
Address: _____
Telephone: _____

IN CASE OF EMERGENCY:

In the event of an accident or emergency, state the name, address and telephone number of the person to be notified:

Name: _____
Address: _____
Telephone: _____

In consideration of Salem Hills Golf Club, Inc.'s review of my employment application, I agree that any claim, action or legal proceeding arising out of my employment application, employment or termination of employment with Salem Hills Golf Club, Inc. must be filed within six (6) months of the date of the employment action that is the subject of the claim, action or legal proceeding. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, **I AGREE TO WAIVE ANY SUCH STATUTE OF LIMITATIONS AND AGREE TO BE BOUND BY THE SIX (6) MONTH PERIOD OF LIMITATIONS STATED HERE IN THIS DOCUMENT.**

**APPLICANT'S CERTIFICATION AND AGREEMENT
PLEASE READ CAREFULLY**

The employment relationship of the employee with the employer is terminable at the will of either the employer or the employee. This means that the employment relationship can be terminated and ended without cause and without notice at any time, at the wish or desire of either the employer or the employee. The fact that the employment relationship is terminable at will and without cause may not be modified by any oral agreements, statements or representations, unless these oral representations, statements and agreements are in writing and signed by this employer. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal.

Date: _____

Signature of applicant: _____