

Colorado Springs Country Club Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume"). If a box does not apply to you, please write "NA" in the box. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Name: (Last, First, Middle)		Position(s) Applying For:	
Street Address:		City	
State and Zip Code	Home Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For Driving Jobs Only: Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by Colorado Springs Country Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, dates of employment & reason for leaving:	
Are you related to any current Colorado Springs Country Club employee Or member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, their name & their relationship to you.	
How did you learn about this employment opportunity at CSCC? Check all that apply: <input type="checkbox"/> Ad in newspaper			
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website/Internet <input type="checkbox"/> Other			
<input type="checkbox"/> Referral by employee (Referring Employee Name):			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years completed	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your work history. Begin with your current or most recent employer. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. PLEASE DO NOT complete this information with the notation "See Resume."

PLEASE NOTE: Colorado Springs Country Club reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	Organization Name and Address:	Job Title:
	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, No. hrs./wk:	
Supervisor's Name, Title, Phone #:	Other Reference Name, Title, Phone No:	Other Reference Name, Title, Phone #:
Primary duties:		Reason for Leaving:
Dates Employed (2nd recent position) From: To:	Organization Name and Address:	Job Title:
	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, No hrs./wk:	
Supervisor's Name, Title, Phone #:	Other Reference Name, Title, Phone No:	Other Reference Name, Title, Phone #:
Primary duties:		Reason for Leaving:

Dates Employed (3 rd recent position) From: To:	Organization Name and Address:	Job Title:
	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, No. hrs./wk:	
Supervisor's Name, Title, Phone #:	Other Reference Name, Title, Phone No:	Other Reference Name, Title, Phone #:
Primary duties:		Reason for Leaving:
Dates Employed (4th recent position) From: To:	Organization Name and Address:	Job Title:
Starting Wage:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, No. hrs./wk:	
Final Wage:		
Supervisor's Name, Title, Phone #:	Other Reference Name, Title, Phone No:	Other Reference Name, Title, Phone #:

Other References not listed above

Name:	Relationship:	Phone No.
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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is true and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screen and background check. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment if required. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

I UNDERSTAND THAT THIS APPLICATIONS, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE GENERAL MANAGER OF THE ORGANIZATION HAS THE AUTHORITY OT ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE GENERAL MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read and understand, and by my signature, consent to these statements.

Applicant Signature: _____

Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.