

**APPLICANT IDENTIFICATION FORM FOR
POPPY RIDGE GOLF COURSE**

PLEASE READ CAREFULLY:

The California Fair Employment and Housing Commission requires employers to obtain certain information from each job applicant. COMPLETION OF THE INFORMATION ON THIS PAGE IS VOLUNTARY. Information provided will be kept separate from your job application and will not be considered in employment or hiring decisions, or in any discriminatory purpose.

Today's Date: _____

Applicant Name: _____

Job Applying For: _____

Applicant's Sex: Male Female

Attention Department Managers:

Please detach this form from the application and forward it to Human Resources (FAX 925-455-2020).

POPPY RIDGE GOLF COURSE

EMPLOYMENT APPLICATION

POPPY RIDGE GOLF COURSE IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please **print clearly**. Use additional pages as necessary

1. Name: _____
Last First Middle

2. Address: _____
Street City State Zip

3. Telephone Number: (_____) _____ - _____ 4. E-Mail Address: _____

5. Are you at least 18 years old? Yes No If employed and under the age of 18, can you furnish a work permit? Yes No

6. Do you have a legal right to work in the United States? Yes No
If employed, you will be required to provide proof.

7. Have you applied to Poppy Ridge Golf Course for employment in the past? Yes No
If yes, when? _____ Position applied for: _____

8. Do you have any relatives currently employed by Poppy Ridge Golf Course? Yes No
If yes, who? _____ What relation to you? _____

9. Have you ever used another name that we would need in order to verify your employment experience and education?
 Yes No If yes, indicate such name and the date the name changed: _____

10. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Yes No
Do not disclose convictions related to the possession or use of marijuana more than two years ago.
If yes, state when, where, and the nature of such conviction: _____

(In accordance with company policy, this information will be reviewed for job-relatedness and time since last conviction.)

11. Are you currently employed? Yes No If yes, may we contact your current employer at anytime? Yes No
 You may contact my current employer, but only when: _____

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Circle Last Year
High School				9 10 11 12
Community College		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			()
			()
			()

CERTIFICATION

DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

_____ I authorize Poppy Ridge Golf Course or it's designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Poppy Ridge Golf Course from all liability or responsibility with respect to information supplied to Poppy Ridge Golf Course.

_____ I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

_____ I understand that filing this application in no way assures me a position with Poppy Ridge Golf Course, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Poppy Ridge Golf Course or myself. I further understand that no one other than the President/CEO of the Poppy Ridge Golf Course has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

_____ If employed by Poppy Ridge Golf Course, I agree to abide by the rules, policies and procedures of Poppy Ridge Golf Course and subsequent rules, policies and procedures that may become effective after employment. Poppy Ridge Golf Course maintains a drug free work place. To further its interest in avoiding accidents, to promote and maintain safe and efficient working conditions for its employees, and to protect its business, property, and operations, Poppy Ridge Golf Course requires that all employees who are offered and accept employment at Poppy Ridge submit to and pass a screening for illegal drugs. The testing will be scheduled by the Human Resources Department.

_____ Finally, I understand and agree that any and all claims related to my application with, or employment by Poppy Ridge will be resolved by arbitration.

Signature of Applicant

Date