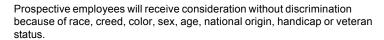
## **APPLICATION FOR EMPLOYMENT**





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|-----------|---|
| COLF PARK | • |

| Last Name                                    | First                                     | Middle   | Date                     |
|--|---|--|--------------------------|
| Street Address                               |   |  | Home Telephone           |
| City, State, Zip                             |   |  | Business Telephone       |
| Have you ever applied fo                     |   |  | Social Security No.      |
|  | es, month and year L Pro Shop Maintenance |  | Pay Expected             |
| Other:  Apart from absence for re            | eligious observance, are you ava          | ilable for full time work?                     | Overtime if asked?       |
| ·  | ot, what hours can you work?              |  | Yes No                   |
| Are you legally eligible for lf no, explain: | r employment in the United Stat           | es?YesNo                                       | When available to begin? |
| •  | skills (retail knowledge, compute         | I<br>r skills, languages, machine operation, e | tc.) Golf knowledge and  |

## **EDUCATION**

| School                   | Name and Location | Course of Study | No. of<br>Years<br>Completed | Did you<br>Graduate? | Degree or<br>Diploma |
|--------------------------|-------------------|-----------------|------------------------------|----------------------|----------------------|
| High School              |                   |                 |                              | Yes<br>No            |                      |
| Trade School/<br>College |                   |                 |                              | Yes<br>No            |                      |
| Graduate                 |                   |                 |                              | Yes<br>No            |                      |



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|----|-----|---|-------|---|-----|---|---|--|
| _  | 1/1 | _ | <br>1 | • | N/I | _ |   |  |
| _, | vi  |   | <br>  |   | IVI |   | w |  |
|    |     |   |       |   |     |   |   |  |

Please give accurate, complete full-time and parttime employment record. Start with your present or most recent employer.

| Company Name  |   | Telephone                        |
|---|---|----------------------------------|
| Address   |   | Employed (month and year)        |
|   |   | From To                          |
| Name of Supervisor  |   | Weekly Pay                       |
|   |   | Start Last                       |
| State Job Title and Describe Your Work                        |   | Reason for Leaving               |
| Company Name  |   | Telephone                        |
| Address   | _                                       | Employed (month and year)        |
|   |   | From To                          |
| Name of Supervisor  |   | Weekly Pay                       |
| State Job Title and Describe Your Work                        |   | Start Last<br>Reason for Leaving |
|   |   |                                  |
| We may contact the employers listed above unless you indicate | Do Not Contact                          |                                  |
| those you do not want us to                                   | Employer:                               |                                  |
| contact.  | Reason:                                 |                                  |
|   |   | ****                             |
| MILITARY  | Did you serve in the U.S. Armed Forces? | If Yes, what branch? Yes No      |
| Describe training you received relevant to the po             | osition for which you are applying      |                                  |
|   |   |                                  |
|   |   |                                  |
|   |   |                                  |
|   |   |                                  |
|   |   |                                  |
|   |   |                                  |



## DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

|              | Provide dates you attended school:   | Elementary<br>From                     | То                    | Number of dependents, including yourself:          |  |
|--------------|--|--|-----------------------|--|--|
|              | High School  | College                                | 10                    | Sex  |  |
| $\mathbf{x}$ | From To  | From                                   | То                    | Male Female  |  |
|              | Other (give name and dates)  |  |                       |  |  |
|              | Marital Status   |  |                       | Date of Marriage                                   |  |
| $\mathbf{x}$ | Single   | Engaged                                | Married               |  |  |
| 🖾            | Separated  | Divorced                               | Widowed               | Are you a U.S. Citizen?                            |  |
|              |  |  |                       | Yes No   |  |
|              | What was your previous address?  |  |                       | How long at present address?                       |  |
|              | ,  |  |                       | Years  |  |
| ☒            |  |  |                       | How long at previous address?                      |  |
|              |  |  |                       | Years  |  |
|              | Have you ever been bonded?   | Yes                                    | No                    | Are you over 18 years of age?                      |  |
| $\square$    | If Yes, with what employers?   |  | <del></del>           | If not, employment subject to verification of age. |  |
|              | Have you ever been convicted of a c  | crime or felony?                       | Yes1                  | No If Yes, describe in full.                       |  |
| $\square$    |  |  |                       |  |  |
|              |  |  |                       |  |  |
|              | State names of relatives and/or frien  | ds working for V                       | WestI and Golf        |  |  |
|              | State names of relatives and/or men  | do working for v                       | vesteuria con.        |  |  |
| $\square$    |  |  |                       |  |  |
|              |  |  |                       |  |  |
| · (a         | The information provided in this App   | lication for Emp                       | lovment is true corre | ect and complete. If you employ me, any            |  |
| SIGNATURE    | The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. |  |                       |  |  |
| R            | <br>Date   | —————————————————————————————————————— | ure                   |  |  |
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Westland Golf, Inc. does not polygraph as a term for employment