



TURNER HOMESTEAD INC.
d/b/a CAMPBELL'S SCOTTISH HIGHLANDS GOLF COURSE
 AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

79 BRADY AVENUE ▪ SALEM, NH ▪ 03079 ▪ TELEPHONE 603-894-GOLF (4653)

www.scottishhighlandsgolf.com

► **PERSONAL**

- NAME: _____
 (LAST) (FIRST) (MIDDLE INITIAL)
- ADDRESS: _____
 (NUMBER & STREET) (P.O. BOX or APARTMENT NUMBER)

 (TOWN / CITY) (STATE) (ZIP CODE)
- PHONE #: CELL () HOME () WORK ()
- EMAIL ADDRESS: _____
- HAVE YOU EVER BEEN CONVICTED OF A FELONY?..... YES NO
 (A conviction will not necessarily bar you from employment.)
- IF YES, EXPLAIN: _____

- ARE YOU THE LEGAL MINIMUM AGE REQUIRED FOR THE JOB YOU ARE APPLYING FOR? YES NO
- HOW WERE YOU REFERRED TO CAMPBELL'S SCOTTISH HIGHLANDS? _____

- ARE ANY RELATIVES EMPLOYED BY CAMPBELL'S SCOTTISH HIGHLANDS?..... YES NO
- IF YES, WHO? _____

► **EMPLOYMENT DESIRED**

- JOB YOU ARE APPLYING FOR: _____
 - PLEASE INDICATE TYPE OF EMPLOYMENT AND DAYS / TIMES YOU ARE AVAILABLE TO WORK.
- | | | | | | | | | |
|------------------------------------|------------------------------------|-----|------|-----|------|-----|-----|-----|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME | MON | TUES | WED | THUR | FRI | SAT | SUN |
| <input type="checkbox"/> PERMANENT | <input type="checkbox"/> SEASONAL | | | | | | | |
- PAY RATE DESIRED: \$ _____ per Hour
 - DATE AVAILABLE TO START WORK: _____ / _____ / _____
 - LAST DATE OF THE SEASON YOU WOULD BE AVAILABLE TO WORK UNTIL: _____ / _____ / _____

► **EDUCATION:**

SCHOOL NAME	CITY	STATE	# OF YEARS (Attended)	GRADUATED		DEGREE
				YES	NO	
HIGH SCHOOL:						
COLLEGE:						
OTHER:						

- PLEASE LIST ANY OTHER EDUCATION, TRAINING, CERTIFICATES, OR SPECIAL SKILLS THAT YOU POSSESS THAT ARE RELATED TO THE JOB THAT YOU ARE APPLYING FOR: _____

► **EMPLOYMENT HISTORY - PLEASE LIST PRIOR EXPERIENCE, MOST RECENT FIRST**

1. EMPLOYER:		TELEPHONE #	
ADDRESS:			
(STREET)		(TOWN / CITY)	(STATE) (ZIP CODE)
DATES EMPLOYED	FROM:	TO:	
JOB / POSITION:		SUPERVISOR:	
STARTING WAGE: \$		FINAL WAGE: \$	
REASON FOR LEAVING:			
MAY WE CONTACT YOUR FORMER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. EMPLOYER:		TELEPHONE #	
ADDRESS:			
(STREET)		(TOWN / CITY)	(STATE) (ZIP CODE)
DATES EMPLOYED	FROM:	TO:	
JOB / POSITION:		SUPERVISOR:	
STARTING WAGE: \$		FINAL WAGE: \$	
REASON FOR LEAVING:			
MAY WE CONTACT YOUR FORMER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

3. EMPLOYER:		TELEPHONE #	
ADDRESS:			
(STREET)		(TOWN / CITY)	(STATE) (ZIP CODE)
DATES EMPLOYED	FROM:	TO:	
JOB / POSITION:		SUPERVISOR:	
STARTING WAGE: \$		FINAL WAGE: \$	
REASON FOR LEAVING:			
MAY WE CONTACT YOUR FORMER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

► **REFERENCES:**

1. NAME:	OCCUPATION:
ADDRESS:	TELEPHONE #:
2. NAME:	OCCUPATION:
ADDRESS:	TELEPHONE #:
3. NAME:	OCCUPATION:
ADDRESS:	TELEPHONE #:

I certify that the information provided by me in this application is true and complete. I understand that any falsification, omission or misrepresentation made by me on the application is grounds for refusal to hire, or if hired, termination. I authorize a criminal background check and the release of information regarding credit history. I also authorize an investigation of all statements contained in this application and authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any subjects covered by this application, and I release all parties from all liability for any damage that may result from furnishing such information to you.

► **SIGNATURE:** _____ **DATE:** / /

OFFICE USE ONLY: RECEIVED	EMPLOYEE #:	PAY RATE: \$		
	START DATE: / /		YES	NO
BY:	DEPARTMENT:	EVALUATION REC.		
DATE: / /	JOB:	TIPPED EMPLOYEE		
<small>cshgc/bof&l/Office Forms/Employment App:XL</small>	SUPERVISOR:	30 DAY REVIEW		