

PIPING ROCK CLUB



EMPLOYMENT APPLICATION

Piping Rock Club ("Club") is an Equal Opportunity Employer and will not discriminate nor tolerate discrimination against any employee or applicant for employment based on race, creed, color, national origin, religion, age, sex, sexual orientation, marital status, alienage, disability, domestic violence victim status, genetic predisposition, military status, prior conviction record, veteran's or any other characteristic protected by applicable federal, state or local laws.

The Club will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability, as well as an applicant's religious beliefs and practices, unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

GENERAL INFORMATION				
LAST NAME:	FIRST NAME:	M.I.:	DATE	
STREET ADDRESS:			HOME PHONE:	
CITY AND STATE:	ZIP COD	E:	OTHER PHONE:	
EMAIL: ARE YOU LEGALLY AUTHORIZ	ZED TO WORK IN THE U.S.?	☐ Yes ☐ No	WHEN WILL YOU BE	
Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all			ABLE TO BEGIN WORK?	
new hires will be required to verify their en Will you now or in the future requir				
IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? ☐ Yes ☐ No				
	EMPLOYMENT INF	ORMATION		
POSITION DESIRED	□FULL TI	ME □PART TIME □S	EASONAL DTEMPORARY	
SALARY/RATE DESIRED	HOURS DES	SIRED		
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME? YES NO If yes, please specify the reasons It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.				
HAVE YOU EVER BEEN EMPLOYED BY US? Yes □ No □ If yes, give date, location, title, name of supervisor and				
reason for leaving. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes □ No □ If yes, give date.				
DO YOU HAVE ANY RELATIVE If Yes, please identify them:	ES WORKING FOR US? ☐ Ye	s □ No		
HAVE YOU EVER BEEN CONVI PARDONED, ANNULLED, DISC PROBATION? Yes ☐ No Record If so, when?	HARGED, STATUTORILY ER ⊐			
A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation:				

PERSONAL REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

	EDUCATION	NAL HISTORY		
	NAME AND LOCATION		COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL:				
COLLEGE:				
GRADUATE SCHOOL:				
OTHER SCHOOLING (VOC	ATIONAL, POST-GRADUAT	·		
	EMPLOYMI this section: Please print and l	ENT HISTORY		
information in full. DO NOT	Please attach additional sheets include overtime, bonus, commery any verified work performed	issions, etc. in the ba	se salary informatio	n. Please include as
Address		Address		
City	State	City		State
Dates Employed:		Dates Employed:		
From	То	From		То
Supervisor	Phone	Supervisor		Phone
Positions Held	Base Rate of Pay	Positions Held		Base Rate of Pa
Duties		Duties		
Reason For Leaving		Reason For Leavi	ng	
EMPLOYER:		EMPLOYER:		
Address		Address		
City	State	City		State
Dates Employed:		Dates Employed:		
From	То	From		То
Supervisor	Phone	Supervisor		Phone
Positions Held	Base Rate of Pay	Positions Held		Base Rate of Pa
Duties		Duties		
Reason For Leaving		Reason For Leavi	ng	

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YESNO IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.				
PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HE YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.				
APPLICANT'S STATEMENT				
I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are traccurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or durany interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unl I noted otherwise, I authorize the Club to contact all my employment references and personal references, as well as education institutions I have attended. I further authorize the Club to inquire about, investigate and obtain copies of any recowhich relate to me from my former employers and educational institutions. I hereby release the Club and all affiliated personal entities, as well as any person or institution that provides the Club with any lawful information about me, from any and liability whatsoever resulting from any such lawful inquiry, investigation or communication. If hired, I agree to abide by all of the rules and regulations of the Club. I understand and agree that nothing in this application.				
shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that a employment may be terminated with or without cause and with or without notice at any time, at the will of the Club me. I further understand that no representative or agent of the Club, other than the General Manager, has the author to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to a foregoing. I also understand that any agreement modifying my at-will employment status must be in writing (in individual case or generally) and signed by the General Manager. In addition, I understand that the Club and all produced administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance otherwise change all policies, procedures, benefits or other terms and conditions of employment.				
I understand that any hiring decision is contingent upon my successful completion of all of the Club's lawful pre-employm checks, which may include a background check. I agree to execute any consent forms necessary for the Club to conduct lawful pre-employment checks.				
Date Applicant's signature				

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Piping Rock Club ("Club") will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Club may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgments, liens, and criminal conviction record consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before the Club takes any adverse action, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Club_within five business days of my receipt of the report that I am challenging the accuracy of the information with the **Consumer Reporting Agency**.

I hereby consent to this investigation and authorize the Club to procure reports on my background as stated above from a consumer reporting agency.

(Signature of applicant)	(Date)	

AUTHORIZATION FOR BACKGROUND CHECK

After reading the Background Check Disclosure and Authorization Form, I authorize the Club to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am hired, the Club may rely on this authorization to procure additional background check reports during and throughout my employment without asking for further authorization.

I further authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past and present employers; learning institutions; including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug tests results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agents.

I affirm the information I have provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for employment with the Club, or if I am hired, that I may be fired.

I agree that a facsimile or photocopy of this form may be used in lieu of the original.

Last Name:	_ First Name:	Middle Name:	
Present Address:		City/State/Zip:	
Social Security Number:		Driver's License Number:	
FOR IDENTIFICATION PURPOSES ONLY:	Date of Birth	/(Month/Day/Year)	
Signature:		Date:	