

## **EMPLOYMENT APPLICATION**

NGCLA is an Equal Opportunity Employer. We comply with all applicable Federal, State and Local Laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION										
POSITION APPLIED FOR:						APPLICATION DATE:				
LAST NAME:			FIRST NAME	FIRST NAME:				MIDDLE NAME:		
ADDRESS:	CITY:				STATE:	ZIP:				
TELEPHONE:				EMAIL:						
As a condition of hire, all may be required to subman A conviction discovered by	it to a backgı a backgrour	round check and check will i	<b>for the positio</b> not necessaril	on you are ap ly automatica	oplying for? Ily disqualify yo	(check one)	Yes	No		
employment will be made	in accordanc	e with the Fa	ir Credit Repo	orting Act, 15	USC § 1681.					
Are you legally authorized Will you now or in the fut	ont vice statu	s (o a U1 B)2	(check one)	Yes Yes	No No					
If you are under eighteen Can you perform the esse	ermit?		(check one) (check one)	Yes Yes	No No					
If no, please explain.				l						
EVER EMPLOYED AT NGCL (check one) If yes, what position / loca		Yes	No No	LIST FRIEND	OS / RELATIVES \	WORKING FOR	R NGCLA:			
DATE AVAILABLE TO STAR		EMPLOYMENT TYPE: FULL-TIME (circle one)			PART-TIME	SEASONAL				
IF PART-TIME, YOURAVAI	LABILITY: FROM: TO:	SUN	MON	TUE	WED	THU	FRI	SAT		
WORK EXPERIENCE			•	•				•		
FROM:	TO:		COMPANY NAME/ADDRESS:				TELEPHONE:			
POSITION HELD:										
LAST WAGES:			SUPERVISOR NAME/TITLE: REASON FOR LEAVING:							
FROM:	то:		COMPANY NAME/ADDRESS:				TELEPHONE:			
POSITION HELD:										
LAST WAGES:			SUPERVISOR NAME/TITLE:  REASON FOR LEAVING:							
FROM: TO:		COMPANYN	IAME/ADDRE	TELEPHONE:						
POSITION HELD:										
LAST WAGES:			SUPERVISOR NAME/TITLE:  REASON FOR LEAVING:							

MAY WE CONTACT THE EMPLOYERS A	_	If "No", indicate which one(s) you do not wish us to contact.						
(check one) Yes No								
Have you completed any special cours are applying? Do you hold any certifical languages spoken.			_	=	-	·		
EDUCATION								
EDUCATION				YEARS	DID YOU			
NAME	<u> </u>	ADDRESS		COMP GRADUATE?		COURSE OF STUDY		
HIGH SCHOOL								
COLLEGE								
OTHER								
PROFESSIONAL REFERENCES- at least	t one curren	t or former n	nanager					
NAME, TITLE AND COMPANY				TELEPHONE		RELATIONSHIP/YRS KNOWN		
APPLICANT'S CERTIFICATION - Please	e read thoro	ughly before	signing.					
I certify that the answers given by me to complete. I understand that if I become discharge from employment. I authorized employment to contact all previous support and ability.	e employed a e National G	a misrepreser Golf Club of Lo	ntation or omis ouisiana, Inc. (N	ssion of fact in t NGCLA) as part o	his application of its evaluation	may result in my n of my suitability for		
I further acknowledge and agree that a enter into any employment agreemen Golf Club of Louisiana, Inc.(NGCLA) ma	nt. I understa	and and agree	e that, if I am e	employed, I will	be an at-will e	employee, and National		
APPLICANT'S SIGNATURE:				DATE SIGNED:				
		NGCLA	USE ONLY	1				
Interview? Interview Date / Time: Interviewed by:	Yes	No						
Acceptable for Employment? Start Date: Position/Title:	Yes	No						

National Golf Club of Louisiana, Inc.

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