



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:		MIDDLE NAME:	
ADDRESS:		CITY:		STATE:	
TELEPHONE:		EMAIL:			
				ZIP:	

As a condition of hire, all positions may be subject to a background check where applicable by law. Do you understand that you may be required to submit to a background check for the position you are applying for? (check one) Yes No
 A conviction discovered by a background check will not necessarily automatically disqualify you for employment. Final decisions of employment will be made in accordance with the Fair Credit Reporting Act, 15 USC § 1681.

Are you legally authorized to work in the U.S.?	(check one)	Yes	No
Will you now or in the future require sponsorship for employment visa status (e.g. H1-B)?	(check one)	Yes	No
If you are under eighteen (18), are you able to furnish a work permit?	(check one)	Yes	No
Can you perform the essential functions of the position for which you are applying?	(check one)	Yes	No
If no, please explain. _____			

EVER EMPLOYED AT NGCLA before? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		LIST FRIENDS / RELATIVES WORKING FOR NGCLA: _____						
If yes, what position / location: _____								
DATE AVAILABLE TO START:		EMPLOYMENT TYPE: FULL-TIME PART-TIME SEASONAL (circle one)						
IF PART-TIME, YOUR AVAILABILITY:		SUN	MON	TUE	WED	THU	FRI	SAT
FROM:								
TO:								

WORK EXPERIENCE							
FROM:		TO:		COMPANY NAME/ADDRESS:			TELEPHONE:
POSITION HELD:				SUPERVISOR NAME/TITLE:			
LAST WAGES:				REASON FOR LEAVING:			
FROM:		TO:		COMPANY NAME/ADDRESS:			TELEPHONE:
POSITION HELD:				SUPERVISOR NAME/TITLE:			
LAST WAGES:				REASON FOR LEAVING:			
FROM:		TO:		COMPANY NAME/ADDRESS:			TELEPHONE:
POSITION HELD:				SUPERVISOR NAME/TITLE:			
LAST WAGES:				REASON FOR LEAVING:			

MAY WE CONTACT THE EMPLOYERS ABOVE? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", indicate which one(s) you do not wish us to contact. _____ _____
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Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Do you hold any certification and/or membership (e.g. PGA, CPR, CPA?) List any additional computer skills and/or languages spoken.

EDUCATION				
NAME	ADDRESS	YEARS COMP	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				

PROFESSIONAL REFERENCES- at least one current or former manager		
NAME, TITLE AND COMPANY	TELEPHONE	RELATIONSHIP/YRS KNOWN

APPLICANT'S CERTIFICATION - Please read thoroughly before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that if I become employed a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize National Golf Club of Louisiana, Inc. (NGCLA) as part of its evaluation of my suitability for employment to contact all previous supervisors, school officials and references to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of National Golf Club of Louisiana, Inc. has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an at-will employee, and National Golf Club of Louisiana, Inc.(NGCLA) may terminate my employment at any time and for any reason with or without prior notice.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

NGCLA USE ONLY		
Interview?	Yes	No
Interview Date / Time:	_____	
Interviewed by:	_____	
Acceptable for Employment?	Yes	No
Start Date:	_____	
Position/Title:	_____	
Pay Rate:	_____	