

**APPLICANT IDENTIFICATION FORM FOR  
POPPY HILLS GOLF COURSE**

**PLEASE READ CAREFULLY:**

**The California Fair Employment and Housing Commission requires employers to obtain certain information from each job applicant. COMPLETION OF THE INFORMATION ON THIS PAGE IS VOLUNTARY. Information provided will be kept separate from your job application and will not be considered in employment or hiring decisions, or in any discriminatory purpose. It will not be kept in your personnel file and will not be made available to managers or employees.**

Today's Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Job Applying For: \_\_\_\_\_

Applicant's Sex:             Male         Female

Race: \_\_\_ White \_\_\_ Asian \_\_\_ American Indian or Alaskan Native

      \_\_\_ Hawaiian or other Pacific Islander-Asian \_\_\_ Black or African American

      \_\_\_ Hispanic or Latino \_\_\_ Two or more races Non – Hispanic White

Check if applicable: Veteran \_\_\_ No \_\_\_ Yes

\_\_\_\_\_ I do not wish to complete this form

# POPPY HILLS GOLF COURSE

## EMPLOYMENT APPLICATION

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### POPPY HILLS GOLF COURSE IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

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**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

## PERSONAL INFORMATION

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Please **print** clearly. Use additional pages as necessary

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Street City State Zip

3. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 4. E-Mail Address: \_\_\_\_\_

5. Are you at least 18 years old?  Yes  No If employed and under the age of 18, can you furnish a work permit?  Yes  No

6. Do you have a legal right to work in the United States?  Yes  No

If employed, you will be required to provide proof.

7. Have you applied to Poppy Hills Golf Course for employment in the past?  Yes  No

If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

8. Do you have any relatives currently employed by Poppy Hills Golf Course?  Yes  No

If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

9. Have you ever used another name that we would need in order to verify your employment experience and education?

Yes  No If yes, indicate such name and the date the name changed: \_\_\_\_\_

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10. Are you currently employed?  Yes  No If yes, may we contact your current employer at anytime?  Yes  No

You may contact my current employer, but only when: \_\_\_\_\_

# POSITION

- Position for which you are applying: \_\_\_\_\_  

First Choice
Second Choice
- Salary/wage desired: \_\_\_\_\_ per \_\_\_\_\_
- Are you available to work:
 

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When would you be available to start working? \_\_\_\_\_
- How did you hear about the availability of the position for which you are applying?
 

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Other: _____		
- If the position for which you applying required the use of a vehicle, do you have a valid driver's license?  Yes  No  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No
- Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No

# SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- List current certifications and/or professional licenses, if any, and where registered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Office/business equipment and software qualified or trained to use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Check special skills or training:
 

<input type="checkbox"/> Keyboarding _____wpm <input type="checkbox"/> 10-Key <input type="checkbox"/> Marketing <input type="checkbox"/> Sales	<input type="checkbox"/> Golf Experience <input type="checkbox"/> Information Systems Mgt. <input type="checkbox"/> Public/Customer Relations <input type="checkbox"/> Landscape/Maintenance Experience	<b>Software</b> <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Data Base <input type="checkbox"/> Windows <input type="checkbox"/> Other	<b>Please List Programs (i.e., Word, Excel, etc.):</b> _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced
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5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

# EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title

7. 

Employer	Dates Employed <i>from _____ to _____</i>	Address	Job Title
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# EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Circle Last Year
High School				9 10 11 12
Community College		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

# EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			( )
			( )
			( )

# CERTIFICATION

**DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM**

I authorize Poppy Hills Golf Course or it's designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Poppy Hills Golf Course from all liability or responsibility with respect to information supplied to Poppy Hills Golf Course.

\_\_\_\_\_

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

\_\_\_\_\_

I understand that filing this application in no way assures me a position with Poppy Hills Golf Course, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either Poppy Hills Golf Course or myself. I further understand that no one other than the President/CEO of the Poppy Hills Golf Course has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_

If employed by Poppy Hills Golf Course, I agree to abide by the rules, policies and procedures of Poppy Hills Golf Course and subsequent rules, policies and procedures that may become effective after employment. Poppy Hills Golf Course maintains a drug free work place. To further its interest in avoiding accidents, to promote and maintain safe and efficient working conditions for its employees, and to protect its business, property, and operations, Poppy Hills Golf Course requires that all employees who are offered and accept employment at Poppy Hills submit to and pass a screening for illegal drugs. The testing will be scheduled by the Human Resources Department.

\_\_\_\_\_

Finally, I understand and agree that any and all claims related to my application with, or employment by Poppy Hills will be resolved by arbitration.

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_