

Employment history continued**Additional Employment** Provide work experience prior to employment history outlined on previous page.

Company Name	Employment Dates		Job Title	Reason for Leaving
	From Month / Year	To Month / Year		

Unemployment Dates

From Month / Year To Month / Year Reason for Unemployment

From Month / Year	To Month / Year	Reason for Unemployment

Education

Professional Associations / Accreditation's or college related affiliations for recent graduates

School Level	School Name and Location <small>(if you are still in high school, attach most recent report card)</small>	Dates Attended		Graduated	Major / Minor	GPA	
		From Mo/Yr	To Mo/Yr	(y or n)		Major	Overall
High School							
College							
Graduate School							
Trade / Technical							
Military / Other							

References

List three work related references we may contact. (Use educational references if not enough work references.)

Name and Company (or school) Position Telephone Years Acquainted

employment history

Provide information for ALL current and past employment, beginning with your most recent employer.

Please complete ALL Information requested. A resume' is NOT a substitute for completing this section.

Complete a separate section for each position held.

Company Name (Current or Last Employer)	
Address	Telephone
City State Zip	Start Salary Final Salary
Start Date Leave Date	May we contact your supervisor? Yes No Contact Phone
Name / Title of Supervisor	Average hours worked per week _____ hrs.
Job Title and Duties	Reason for Leaving

Company Name (Current or Last Employer)	
Address	Telephone
City State Zip	Start Salary Final Salary
Start Date Leave Date	May we contact your supervisor? Yes No Contact Phone
Name / Title of Supervisor	Average hours worked per week _____ hrs.
Job Title and Duties	Reason for Leaving

Company Name (Current or Last Employer)	
Address	Telephone
City State Zip	Start Salary Final Salary
Start Date Leave Date	May we contact your supervisor? Yes No Contact Phone
Name / Title of Supervisor	Average hours worked per week _____ hrs.
Job Title and Duties	Reason for Leaving

Company Name (Current or Last Employer)	
Address	Telephone
City State Zip	Start Salary Final Salary
Start Date Leave Date	May we contact your supervisor? Yes No Contact Phone
Name / Title of Supervisor	Average hours worked per week _____ hrs.
Job Title and Duties	Reason for Leaving

Please list all computer programs that you have worked with (i.e., MS Word, Excel, QuickBooks, etc.)

Name of Program

Level of Expertise
(from 1-5 with 5 being highly skilled)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

agreement and authorization

I certify that the information provided on this application is true and complete. I understand and agree that false or misleading information or omission of information will subject me to rejection for employment or termination from employment if discovered at a later date.

I agree and authorize that Brookridge Golf & Fitness and/or its agents may investigate my background and employment history to ascertain any and all information that Brookridge Golf & Fitness, deems appropriate, including all information provided on this application form. I understand that such investigation may include reviewing my personal credit report and verifying education, including GPA. I release all claims against Brookridge Golf & Fitness for requesting and/or securing such information. I further release all claims against the persons, corporations or other organizations that furnish such information.

I also understand that , if hired, Brookridge Golf & Fitness may take my fingerprints to secure background information from the Federal Bureau of Investigation or from other organizations.

I understand and agree that, as a part of the selection process, I may be required to take a drug test and I may be required to take drug and/or alcohol tests during my employment as requested by Brookridge Golf & Fitness I agree to the disclosure of the result of such tests to Brookridge Golf & Fitness and, if I refuse to take such tests or if the results are not satisfactory to Brookridge Golf & Fitness, I understand and agree that I may be terminated from employment or rejected for employment.

I understand and agree that if I am employed by Brookridge Golf & Fitness, I will be an employee at will. This means that my employment will be for no definite period of time and can be terminated at any time and for any reason. I further understand that no person other than the owner of Brookridge Golf & Fitness has the authority to enter into a legal and enforceable contract or other obligation, and any such contract or obligation must be in writing signed by the owner and the employee.

If I am employed, and in consideration of my employment, I agree to conform to the policies and practices of Brookridge Golf & Fitness, including signing a Confidentiality and Invention Agreement. I further understand and agree that my use of company computers, telephones and other facilities or equipment will be subject to review and monitoring by Brookridge Golf & Fitness, including without limitation, the recording and monitoring of my telephone calls or conduct, and the review and recording of all cash register transactions, materials that I prepare and all other transactions that I engage in either verbal or written. I further understand and agree that for security and investigatory purposes my person and property will be subject to search while on Brookridge Golf & Fitness premises. Brookridge Golf & Fitness believes these conditions of employment are necessary to protect the interest of all employees, members and guests. Brookridge Golf & Fitness is an Equal Opportunity Employer and complies with all federal, state and local laws applicable to employment.

I understand and agree that this application for employment does not obligate Brookridge Golf & Fitness to employ me and that any interviews granted may be at my expense. My signature certifies that this application for employment was completed by me, the undersigned. I further acknowledge that I have read this Agreement and Authorization, and fully understand and agree to its terms.

APPLICANT SIGNATURE

DATE