PARK COLONY CLUB

Application for Employment

(Please Print)

I. General Information

Date:	Social Security No.:			
Name:(Last)	(F:t)		(M: 141-)	
` '	(First)		(Middle)	
Telephone No.:		Email Address:		
Present Address	PCC	State	Zi _l	Code
Position Desired:	Pay 1	Desired:		
If hired, can you provide the documents required t	o prove that you are legally	y able to work in the U.S.?	☐ Yes	☐ No
Please provide any special information we may ne	ed about your name or use	of another name for us to b	e able to check	your work record
and otherwise verify the information given in this	application			
If under 18, please state your age:				
Have you filed an application here before?	$\square_{\mathrm{Yes}} \square_{\mathrm{No}}$	If yes, give date:		
Have you ever been employed here before?	☐ Yes ☐ No	If yes, give dates:		
Are any of your relatives current members of the I	Park Colony Club?			
Are you employed now? ☐ Yes ☐ No	If so, may we contact y	our current employer?	☐ Yes [□ No
On what date would you be available for work?				
Please provide your: Driver's License Number		-		
Have you ever been convicted of a crime or are the	ere any felony charges pen	ding against you?	☐ Yes [□ No
If yes, please explain:				

(A "yes" response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors, such as the age and nature of the offense, and rehabilitation, will be taken into account.)

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation?**				Yes	☐ No	□ No	
If you served in the	U.S. Armed F	orces, please indic	ate:				
Branch of Service:		Rank at discharg	Rank at discharge:				
Date of discharge:		Was your discha	Was your discharge "dishonorable"?				
Describe y	our duties and	any special training	g:				
In case of an emerge we should notify:			A			r	No N.
	Nan	ne	Address			Р	Phone No.
Give the name of th	ree persons, no	ot related to you, w	II. References	ast one year.			
Name Add		Address	& Phone Number	Em	Employer & Title		Years Acquainted
			III. Education				
	Name & Lo	ocation of School	Major Subject(s) Studie	d Attend	ed Graduated? (Yes or No)	Certifica	Diploma or ate and Year otained
High School							
Technical Training							
College							
Other							

^{**} The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

IV. Employment History

Start with present employment and work back. List all previous employment. (Use separate sheet if necessary.)

Dates (Month and Year)	Employer's Name, Address & Phone No.	Supervisor's Name & Title	Positions Held	Salary (Starting & Ending)	
From:					
То:					
Reason for Leaving:	·		·		
From:					
То:					
Reason for Leaving:		l .		I .	
From:					
То:					
Reason for Leaving:					
From:					
То:					
Reason for Leaving:					
From:					
То:					
Reason for Leaving:					
May we contact the emplo	yers listed above?	Yes No			
If not, indicate which one(s) you do <u>not</u> wish us to contact:					
V. Special Skills and Qualifications					
Summarize any special skills and qualifications acquired from employment or other experiences, as well as how you believe they would be of value to the PCC. Also, please specify your knowledge of construction equipment, computers and software, which you believe may be of value to the PCC. If you have any apprenticeship training, licenses or certificates, please specify. If you know your typing speed, please indicate such.					

Authorization and Understanding

I certify that information given in this Application and related documentation is true and complete without qualification. I understand that the Park Colony Club (PCC) may investigate my work and personal history and verify all data given on this Application, on related papers, and in interviews, and I authorize the PCC to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that the PCC is entitled to rely on the representations made by me in the hiring process, and therefore, I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by the PCC.

I also understand and acknowledge that, to the extent I am employed by the PCC in any position(s) not covered by collective bargaining, my employment and compensation will be at the will of the PCC, and can be terminated, with or without cause, and with or without notice, at any time at the option of either the PCC or myself.

I further understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for drugs and/or alcohol) at the PCC's discretion and expense to the extent permitted by law.

Applicant's Signature:	Dated:

Please Read

This application will be kept on file for one (1) year after its receipt. Should you wish to be considered after the expiration of this period, you must reapply.

The Park Colony Club is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of such factors as race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. Under the State *Persons With Disabilities Act* and the *Federal Americans With Disabilities Act*, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless the accommodation would impose an undue hardship on the employer. A person with a disability may allege a violation against an employer regarding a failure to accommodate his or her condition under Michigan law only if the person notifies the employer in writing of the need for accommodation within 182 days after the date the person knew or reasonably should have known that an accommodation was needed.

DO NOT WRITE BELOW THIS LINE

Interviewed by:		Date:		
Remarks:				
Hired:	Position:	Will Report:	Wage/Salary:	
Approved by:		Date:		