



## OB SPORTS GOLF MANAGEMENT EMPLOYMENT APPLICATION

**To Applicant:** We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in placing you in future positions.

### PERSONAL

**Answer all questions - Please print or type**

**Date of Application** \_\_\_\_\_

First Name	M.I.	Last Name		
Address Street and Number	City	State	Zip	Telephone or Cell Number ( )
Permanent Address Street and Number (if different from above)				E-mail Address
Have you been previously employed by O.B. Sports, LLC, or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when and for what position(s):				
Title _____ Dept. _____ From _____ To _____				
Have you applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when and for what position(s):				

Position Applied For	Salary Expectations
Type of Position Requested	
Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time      Days and hours available to work: _____	
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary      Date Available to work: _____	
How did you learn about the position for which you are applying?	
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:	
Name _____	
Department _____	

Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

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### Employment Record

(List last five employers starting with current or most recent, include self-employment, military service and part-time jobs. May also include job-related volunteer experience.)

<b>1. Present or Last Employer</b>					Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name and Phone Number	Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Job Title(s)			Reason for Leaving					
Description of Duties								
<b>2. Employer</b>					Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name and Phone Number	Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Job Title(s)			Reason for Leaving					
Description of Duties								
<b>3. Employer</b>					Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name and Phone Number	Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Job Title(s)			Reason for Leaving					
Description of Duties								
<b>4. Employer</b>					Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name and Phone Number	Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Job Title(s)			Reason for Leaving					
Description of Duties								
<b>5. Employer</b>					Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name and Phone Number	Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time				
Job Title(s)			Reason for Leaving					
Description of Duties								

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### Education

Name	City and State	Curriculum/ Major	Grade Point Average	Degree/ Diploma/ Certificate
High School				
College/ University				
College/ University				
Trade/ Vocational				
Business Other				
List any scholarships, academic honors, or special achievements				

### Office Machine Skills

Indicate any office machine skills you have acquired through training and/or experience:

<input type="checkbox"/> Typing Speed _____ WPM  <input type="checkbox"/> Phone Systems _____ <input type="checkbox"/> Calculator/10-key adding machine	<input type="checkbox"/> Software Packages (list any that you are proficient with) _____ _____ <input type="checkbox"/> Other (specify): _____
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### Military

Branch of Service: _____	Rank: _____
Period of Duty: _____	Date of Discharge: _____
Describe your duties and training: _____ _____	

### Civic/Professional/Trade Association Memberships/Activities


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**REFERENCES:** Give the names of three persons not related to you whom you have known at least one year:

NAME	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN
1				
2				
3				

### Summary

Summarize other special skills and qualifications relating to the position for which you are applying:

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Are you legally permitted to work in the United States? (Employment will be contingent on providing proof or work authorization)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you less than 18 years old? If yes, state age: _____ (Proof of age may be required after job offer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you require a reasonable accommodation to perform your essential job duties? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your previous employers for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a misdemeanor? If yes, please state date, place and nature of conviction: _____ (A conviction does not constitute an automatic bar to employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been known by any other name(s) that our staff may require to verify you education and employment records as furnished in this application? If yes, identify name (s). _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be sure to sign this application and read the following statements carefully.

I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that if employed, I will be required to abide by all company policies, standards, and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this company is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for any reason.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**