Donovan Bros. Golf

Arroyo Seco Golf Course

Application for Employment

An Equal Opportunity Employer

Donovan Bros. Golf is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, ancestry, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.

Please Print										
Date	Last Name				First Name)			Mia	ldle
Present Address:										
No. & Street				City () -		- (State	Zip	
E-mail Address				Home I	Phone		. \	Cell Phone		
Employment D Position applying										
Are you applying t Full-time work?	for: Yes	□No	Part-time v	vork?	☐ Yes	☐ No	Tem	porary work?	☐ Yes	☐ No
What days and ho	ours are you	u available	for work?							
f applying for tem	porary wor	k, during v	vhat period w	vill you b	e available	?				
Are you available	for work or	n weekend	s?						☐ Yes	☐ No
f hired, on what d	ate can yo	u start wor	k?/_	/_						

Personal Information Have you ever applied to or worked for Donovan Bros. Golf before? ☐ Yes ☐No If yes, when? _____ Do you have any friends or relatives working for Donovan Bros. Golf? Yes No If yes, state name(s) and relationship: Name Relationship Are you at least 18 years of age? □Yes □No If hired, can you present proof of eligibility to work in the United States? ☐Yes □No If hired, would you have reliable means of transportation to and from work? Yes ∏No Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? □Yes \square No If no, describe the functions that cannot be performed:_ (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for <u>all</u> periods of time including any period of unemployment. If self-employed, give business name and supply business references. [Add additional page if necessary]

Present or Last Employer Company Name Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Present or Last Employer Company Name Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
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Present or Last Employer	Employed	Your Ti	itle or Position	Exact Reason fo	<u>r Leaving</u>
Company Name	From (mo/yr)				
Address			and Title of upervisor		
City, State, Zip Code	To (mo/yr)	Last St	<u>apervisor</u>		
Telephone					
Present or Last Employer	Employed	Your Ti	itle or Position	Exact Reason fo	r Leaving
Company Name					
Address	From (mo/yr)		Name and Title of		
City, State, Zip Code	To (mo/yr)	Last Su	<u>upervisor</u>		
Telephone					
May we contact your current em Please indicate any actual expe which you are applying.	rience, special training			hich you feel are re	elevant to the position for
Education, Training and Experie					
School	Name and Ado	iress	No. of years completed	Did you graduate?	Degree or Diploma
High School					
College/University /Vocational/Trade School					
List any training, license/or certivocational, military, etc. Indicate					

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

Please	Read Carefully, Initial Each Paragraph and Sign Below
Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I hereby authorize Donovan Bros. Golf to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. I also understand that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.
Initials	I understand that employment at Donovan Bros. Golf is at will, which means that I can voluntarily terminate employment at any time or that the company can terminate my employment at anytime with or without cause or with or without prior notice.
/_ Date	Applicant's Signature