

MEMBER US GA

The Dunedin Golf Club
1050 Palm Boulevard Dunedin, FL 34698
Telephone 727.733.2134 * Fax 727.734.0189

FLORIDA STATE GOLF ASSOCIATION

Notice to Applicants:

The illegal use of drugs is a national problem that seriously affects every American. Drug abuse not only affects individual users and their families, but it also presents new dangers in the workplace.

Dunedin Golf Club has always been committed to providing a safe work environment and fostering the well-being and health of our employees. Illegal drug use jeopardizes this commitment and undermines the capability of Dunedin Golf Club to produce quality products and services.

Dunedin Golf Club has developed a policy regarding the illegal use of drugs that we believe best serves the interests of all employees. Our policy formally and clearly states that the illegal use of drugs and abuse of alcohol will not be tolerated. This policy was designed with two basic objectives in mind:

- Employees deserve a work environment that is free from effects of drugs and the problems associated with their use.
- This Club has a responsibility to maintain a healthy and safe workplace.

We believe it is important that we all work together to make Dunedin Golf Club a drug-free workplace and a safe, rewarding place to work. All job applicants will be tested for the presence of drugs.

Sincerely,

Michelle Roney

Michelle Roney
Human Resources

A DONALD ROSS COURSE – CONSTRUCTED 1926

DUNEDIN GOLF CLUB (12.01.09)
 Employment Application B



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address				
City		State	Apartment/Unit #	
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				

EDUCATION

High School				
		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College				
		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other				
		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Dunedin Golf Club
1050 Palm Blvd.
Dunedin, Florida 34698
727-733-2134

EMPLOYMENT VERIFICATION AUTHORIZATION

I hereby authorize *Dunedin Golf Club* to verify my employment history with my former employer _____

Print Name _____

Signature _____

Social Security number _____

Employed from: _____ to: _____

Job Title _____

Employer to complete this section →

- How would you rate this? _____
- Why did this employee leave your company? _____
- Would you rehire this employee? ___ Yes ___ Questionable ___ No
- If questionable or no, please explain.....

(Person Verifying)

(Date)

(Title)

(Date)