

**WESTWOOD GOLF CLUB
EMPLOYMENT APPLICATION**

8888 Country Creek Drive
Houston, Texas 77036

POSITION DESIRED

DATE

POSITION(S) YOU ARE APPLYING FOR:

- 1.
- 2.

DATE AVAILABLE

PLEASE CHECK: FULL-TIME

SALARY REQUESTED

PART-TIME

TEMPORARY

PER

CONTRACT

GENERAL INFORMATION

NAME (Last,First,Middle)

Please list other names previously used for school, work, or other business reasons:

Street Address:

City,State,Zip

Social Security Number

Home Phone

Business or Message Phone

Are you related to anyone who works for WESTWOOD GOLF CLUB? Yes No If Yes, whom:

Have you previously worked for WESTWOOD GOLF CLUB? If so, when?

Foreign Language:

Do you speak, read, or write any language other than English? Yes No

If Yes, state language:

Speak Read Write

Have you ever pleaded guilty to, been convicted of, received deferred adjudication, or probation for any criminal offense? Yes No

If Yes, provide dates, locations (city & state), type of offense and disposition:

Are you currently serving probation or deferred adjudication for any criminal offense? Yes No

If Yes, provide details:

Available Transportation:

If you are applying for a position that requires use of personal automobile please provide the following information:

Personal Auto Liability Insurance Coverage:

NOTIFICATION OF OPENING

Guest Referral Advertisement Please List: _____

TWC Internet Please List Site: _____

Walk-In Employee Referral Please list _____

School Other Please list _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND APPLICANTS WILL BE SELECTED FOR EMPLOYMENT SOLELY ON THE BASIS OF THEIR QUALIFICATIONS FOR A GIVEN POSITION, AND WITHOUT REGARD TO RACE, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, AND/OR VIETNAM ERA VETERAN STATUS.

SKILLS

PLEASE CHECK ALL ITEMS APPLICABLE

- | | | |
|--|---|--|
| <input type="checkbox"/> Windows 10 KEY (BY TOUCH) | <input type="checkbox"/> General Office Processes | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> 10 Key (By Touch) | <input type="checkbox"/> Accounting | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Management | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> PDA | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Golf Knowledge | <input type="checkbox"/> Risk Management |

EDUCATION

| SCHOOL NAME | LOCATION | MAJOR | NO. OF YRS COMPLETED | DEGREES OBTAINED |
|-------------|----------|-------|----------------------|------------------|
|-------------|----------|-------|----------------------|------------------|

High School

Junior College

College or University

Other Educational or special training (including military)

Post Graduate or Special Technical Courses

Professional Affiliations/Special Qualifications or Achievements:

If your profession requires current licensure, registration or certification, please indicate:

| | | |
|---------|--------|------------------|
| _____ | _____ | _____ |
| Number: | State: | Expiration Date: |
| _____ | _____ | _____ |
| Number: | State: | Expiration Date: |

Has your professional licensure or registration ever been revoked, suspended or restricted by any licensing board of governmental authority? If yes, please provide dates, the license, registration or certification affected, the board governing authority and nature of the action.

REFERENCES

NAME THREE PERSONS (NO RELATIVES) WHO ARE KNOWLEDGEABLE ABOUT YOUR WORK AND WHOM WE MAY CONTACT FOR INFORMATION ABOUT YOU. (PLEASE PRINT)

| Name | Where Employed | Business Phone | Relationship to You |
|------|----------------|----------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EMPLOYMENT RECORD

PROVIDE YOUR COMPLETE EMPLOYMENT HISTORY, INCLUDING MILITARY SERVICE AND ALL PERIODS OF UNEMPLOYMENT. **MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME?** Yes No
(A REFERENCE FROM YOUR CURRENT EMPLOYER WILL BE REQUIRED PRIOR TO HIRING.)

| | |
|--|--|
| Company Street Address,City,State,Zip Supervisor's Name Telephone Number () Position, duties and specialty areas | Start Date: End Date: Salary: Start Final Salary Reason for leaving: |
|--|--|

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|--|--|

MILITARY

Branch of Armed Forces: _____ Special Training? Specify _____
Length of Service
From _____ To _____

APPLICATION PROCESS

WESTWOOD GOLF CLUB may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by WESTWOOD GOLF CLUB. Applications will be considered by WESTWOOD GOLF CLUB for ninety (90) days following their submission. Applicants who wish to be considered after this time period has expired, or for a position which is not listed on this application, must submit a new application form.

APPLICATION VERIFICATION

I verify that all of the information provided by me on this application and in exhibits and resumes is true, correct and complete. I have not knowingly withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or exhibits or resumes will result in rejection of my application or dismissal if hired by WESTWOOD GOLF CLUB, there is no time limit regarding the above mentioned items.

I authorize WESTWOOD GOLF CLUB and its agents to verify the information on this application and in exhibits and resumes, and to conduct an investigation regarding my suitability for employment. I release WESTWOOD GOLF CLUB, its agents, and all persons and companies from any claims, liabilities or damages for requesting or providing any information about me.

I understand that this application is not intended as a job offer or contract of employment for any specific time period. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time without notice or requirement of cause, this is in keeping with the Texas Employment-at-Will Doctrine.

I understand that if employed, I will be required to complete a Federal I-9 form and to provide verification and identification and right to work in the United States. If I am extended a conditional employment offer by WESTWOOD GOLF CLUB, I may be requested to submit to a medical examination. The results of the medical exam will be communicated to WESTWOOD GOLF CLUB and used in determining my suitability for employment. If I refuse to have the medical exam, I will not be further considered for employment. Further, I agree to a background check, as per the desire of WESTWOOD GOLF CLUB, pertaining to my suitability for my employment at WESTWOOD GOLF CLUB.

I acknowledge the "Smoke Free" and "Drug Free" policies of WESTWOOD GOLF CLUB. I agree to abide by all policies and rules of WESTWOOD GOLF CLUB as well as binding arbitration, in accordance with the American Arbitration Association should any matter emerge pertaining to my employment at WESTWOOD GOLF CLUB. Lastly, I will adhere to the requirements of the JD and MQP as well as other pertinent documents/policies of WESTWOOD GOLF CLUB.

APPLICANT'S SIGNATURE

DATE

INTERVIEW INFORMATION

Date Interviewed: Dept: Interviewer:

Date Interviewed: Dept: Interviewer:

Interview Outcome: Hired Not Hired

Start Date: Position: Starting Salary: