

For use in all states  
EXCEPT: MA, MD, MI,  
MN, OR and WA

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **APPLICATION FOR EMPLOYMENT**

#### **Chateau Golf & Country Club**

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry physical or mental disability, or veteran status.

### **PERSONAL BACKGROUND**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Last First Middle Initial*

E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone # \_\_\_\_\_ CELL \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date you can start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Time: ☐ Part Time: ☐ Specify Hours \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we enquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? Yes ☐ No ☐

If driving is a requirement of the job for which you are applying,  
do you have a valid driver's license? Yes ☐ No ☐

If you are minor, can you produce the certificate necessary to obtain employment? Yes ☐ No ☐

Are you able, at the time of employment, to submit verification of your legal right to work in  
the U.S.? (Verification and completion of Form I-9 must be submitted no later than three  
business days after date of hire.) Yes ☐ No ☐

Have you ever been convicted of a felony which is substantially related to the functions  
or qualifications of the position(s) for which you are applying? Note: This question does  
not apply to convictions which have been expunged or sealed. Yes ☐ No ☐  
(A conviction record will not necessarily be a bar to employment).

If so, please describe fully the felony, listing the nature of the offense(s) and your rehabilitation since the conviction(s).

### **EDUCATIONAL BACKGROUND**

	Name & Location of School	Highest Completed Grade	Major Area of Study
High School			
College			
Trade, Business or Grad School			

Special technical skills (i.e. computer programming/language, software, equipment operation, special tools or machines)

**WORK EXPERIENCE**

*(Please list below your last four employers, starting with your present or last place of employment.)*

You may include any verifiable work performed on a volunteer basis, internship or military service.

Date Mo./Yr.	Name, Address & Phone # of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr. To					
Fr. To					
Fr. To					
Fr. To					

**REFERENCES**

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school volunteer related references.

Name & Position	Company	Telephone Number
1. _____		
2. _____		
3. _____		

**APPLICANT'S STATEMENT**

By signing this application, I understand that if hired by the company, I will be an employee at will.. This means my employment with the company may be terminated at any time at the option of the company or myself. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

**OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_

References checked by: \_\_\_\_\_

Comments: \_\_\_\_\_

Hired? \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Department \_\_\_\_\_ Rate of Pay \_\_\_\_\_

## **EMPLOYEMENT INQUIRY RELEASE**

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that prospective employer and/or KROLL may make inquiries, including but not limited to my worker's compensation history, consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that prospective employer and/or KROLL may request information from various federal, state, and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

I understand that information regarding my worker's compensation history is for the purpose of making certain that I am not hired for a position or assigned a job function that could aggravate a previous injury. I further understand that in compliance with the American With Disabilities Act, my worker's compensation history will only be investigated by prospective employer and/or KROLL after a conditional offer of employment has been extended to me.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any part (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective employer and/or KROLL to furnish any or all of the above mentioned information. In addition, I hereby release KROLL and prospective employer from any and all liability for damages arising from the investigation and disclosure of the request information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who in good faith, provide to prospective employer and/or KROLL the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

PRINT FULL NAME

SOCIAL SECURITY #

\*DATE OF BIRTH

CURRENT ADDRESS

CITY/STATE/ZIP

DRIVER'S LICENSE NO.

STATE

PROSPECTIVE EMPLOYER

APPLICANT'S SIGNATURE

\*Date of Birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.

## BACKGROUND CHECK AUTHORIZATION

SUBMIT TO: Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

**THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE.**

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***

**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

\*\*\*\*PLEASE PRINT\*\*\*\*

FACILITY OR AGENCY			FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
MAILING ADDRESS			SIGNATURE OF AUTHORIZED REPRESENTATIVE ( )
CITY	STATE	ZIP CODE	FACILITY OR AGENCY PHONE NUMBER
Facility E-Mail Address			

### Request For: (pick one only)

- |                                                           |                                                                  |
|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION  | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH                 |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET          | <input type="checkbox"/> PHARMACY BOARD                          |
| <input type="checkbox"/> CASA                             | <input type="checkbox"/> POSTSECONDARY EDUCATION                 |
| <input type="checkbox"/> CONCEALED HANDGUNS               | <input type="checkbox"/> PRACTICAL NURSING                       |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE        | <input type="checkbox"/> PRIVATE ADOPTION                        |
| <input type="checkbox"/> DAYCARE                          | <input type="checkbox"/> PRIVATE INVESTIGATORS                   |
| <input type="checkbox"/> DENTISTRY BOARD                  | <input type="checkbox"/> PRIVATE SECURITY                        |
| <input type="checkbox"/> DEPARTMENT OF LABOR              | <input type="checkbox"/> PUBLIC HOUSING                          |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY      | <input type="checkbox"/> PUBLIC TAG AGENT                        |
| <input type="checkbox"/> EMPLOYERS                        | <input type="checkbox"/> REGISTERED NURSING                      |
| <input type="checkbox"/> FIREFIGHTERS                     | <input type="checkbox"/> RELIGIOUS ACTIVISTS                     |
| <input type="checkbox"/> GAMING                           | <input type="checkbox"/> SCHOOL                                  |
| <input type="checkbox"/> HEALTH CARE PROVIDER             | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS         |
| <input type="checkbox"/> IMMIGRATION                      | <input type="checkbox"/> TAXI DRIVERS                            |
| <input type="checkbox"/> JUVENILE DETENTION CENTER        | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION           |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE          | <input type="checkbox"/> VENDOR ( <i>FINGERPRINTS REQUIRED</i> ) |
| <input type="checkbox"/> MANUFACTURED HOUSING             | <input type="checkbox"/> VOLUNTEERS WITH YOUTH SERVING ORG       |
| <input type="checkbox"/> MEDICAL EXAMINERS                | <input type="checkbox"/> WORKING WITH CHILDREN                   |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE              |                                                                  |
| <input type="checkbox"/> OCS PERSONNEL                    |                                                                  |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |                                                                  |

APPLICANT'S FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT – USE INK\*\*\*\*  
LAST FIRST MIDDLE  
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DRIVER'S LICENSE # \_\_\_\_ & STATE \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

### AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.