



320 West Stafford Road  
 Thousand Oaks, CA 91361  
 (805) 496-3036 ~ Phone (805) 267-4519 ~ Fax

~ APPLICATION FOR EMPLOYMENT ~

Prospective employees will receive consideration without regard to age, ancestry, color, religious creed, mental and physical disability, marital status, medical condition, national origin, race, religion, sex, and sexual orientation, or veteran status.  
**Applications remain active for 30 calendar days.**

Position Applied For:	Date:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp.
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First Name:	Middle Name:	Last Name:		
Address:		City:	State:	Zip:
Home Telephone:	Current Work Telephone:	Mobile Phone:		

**WORK EXPERIENCE** (Begin with your most recent employer. Please complete all sections.)

Dates Employed From To	Company Name, Address, Telephone, & Supervisor	Positions Held	Wage/ Salary	Reason for leaving

**EDUCATION**

Name, Address, & Telephone	Major Course of Study	Years Completed	Degree	Did You Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any training, skills and certificates received relevant to the position for which you are applying:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for Sherwood Country Club before? Dept. Name: _____ Dates Employed : From: _____ To: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? Describe: _____ _____
<i>No applicant will be denied employment solely on the grounds of a conviction of a criminal offense.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you referred by anyone? If yes, by whom? _____ How did you hear about possible openings at this Company? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you meet the language speaking requirement for this job? Language: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, would you be in a supervisory relationship to any relative? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, can you submit proof of citizenship or authorization to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If applying for a position where driving a vehicle is required, do you possess a current drivers license? License No.: _____ State: _____ Class: _____ Expiration Date: _____

**REFERENCES**

Name:	Phone Number:	Address:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information verified by the Company. I authorize the references listed above to provide the Company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my termination from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will. The Company retains all of its rights to hire, transfer, demote, adjust wages, discipline, and terminate employee at-will, at any time, with or without just cause. This At-Will Agreement constitutes the entire agreement between the employee and the Company on the subject of hiring, transferring, demotion, adjustment of wages, discipline, and termination. It supersedes all prior agreements, and it cannot be changed by future events or future Company policies and procedures except by means of a written agreement signed by the President of the Company.

I also understand that all offers of employment are conditioned on providing proof of identity and legal authorization to work in the U. S.

Signature:	Date:
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## PRE-EMPLOYMENT INFORMATION FORM

This Company is an equal opportunity employer and is committed to equal opportunity in employment. We are proud of the diversity of our many fine employees. To successfully maintain that program, the Company requests that you provide the following information for equal opportunity record keeping and reporting purposes. This information will not be considered in the employment decision. The completion of this form is voluntary.

First Name:	Middle Name:	Last Name:
Position Applied For:		Social Security No.:

**Check one**

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White	
Hispanic or Latino	
Black or African American	
Asian	
Native Hawaiian or other Pacific Islander	
American Indian or Alaskan Native	
Two or more races	

**Check one**

√

Male	
Female	

Signature:	Date:
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**Office Instructions:** 1. File this form in a separate confidential file. 2. Use this information to complete the applicant flow log.