



# THE COUNTRY CLUB CASTLE PINES

## Employment Application

## Consent Release

The Country Club at Castle Pines Is An Equal Opportunity Employer.  
It is our policy to assure that applicants and employees are evaluated and reviewed  
without regard to their race, religion, sex (including pregnancy), color, age,  
national origin, or physical or mental disability.



# The Country Club at Castle Pines

# Employment Application

Please Print Legibly

<b>Personal Information</b>			
Date of Application:	Email Address:	Position applied for:	Referred By:
Name: (Last – First – Middle)			Telephone #: (     )     -
Address: (Number – Street – City – State – Zip Code)			
Because of equipment operation and alcohol service requirements, are you over 18 years of age?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed with CCCP in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate dates:	
Are you related to a CCCP member in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who and how?	
Are you related to a CCCP employee in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who and how?	
Are you seeking:	Circle as many as applicable: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Days you are available: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SUN	
Check all available shifts:			
Hours of Availability:	<input type="checkbox"/> Early Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	You will not automatically be disqualified from consideration based on a criminal history.	
If yes, explain details:			

<b>References</b>		
List three references other than relatives:		
Name	Address	Telephone #
		(     )     -
		(     )     -
		(     )     -

<b>Emergency Contact Information</b>			
In case of emergency please contact:			
Name	Relationship	Address	Telephone #
			(     )     -

<b>Education</b>					
	Name and address:	# of years attended	Grade Average	Did you Graduate: Yes   No	Degree or Diploma earned
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion sex or national origin. Please explain gaps in your employment history in the space provided at the bottom of the page.

<b>1</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone #	Hourly Rate/Salary		
		Starting	Final	
	Position held			
	Supervisor			
Reason for leaving				
<b>2</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone #	Hourly Rate/Salary		
		Starting	Final	
	Position held			
	Supervisor			
Reason for leaving				
<b>3</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone #	Hourly Rate/Salary		
		Starting	Final	
	Position held			
	Supervisor			
Reason for leaving				

Please use this space to provide comments on any discrepancies or gaps in your employment history.


May we contact your present employer?      Yes       No

Special work skills you possess:

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### **Certification and Release Authorization**

I certify that the information I have provided is true and correct, and I understand that falsification of any information on this application is grounds for rejection of the application or immediate discharge if I have been hired. I authorize The Country Club at Castle Pines to conduct any investigation of statements contained in this application it deems appropriate, including, without limitation, contacting previous employers, except as specified on this form, and I release The Country Club at Castle Pines and my previous employers from any liability arising from disclosure of information concerning my employment history.

Should my services be terminated after accepting employment, it is understood that The Country Club at Castle Pines may supply, in confidence, to any prospective employer, my record, with no liability to The Country Club at Castle Pines or any of its staff.

### **At Will Employment**

I further understand that I am free to leave your employ at any time I wish, with or without notice and for any reason, just as The Country Club at Castle Pines may terminate my employment at any time, with or without prior notice, for any reason. This application or any other document in connection with it or any employee handbook, personnel manual, benefits plan and the like, or any other Country Club at Castle Pines policy or practice, if I am hired, does not constitute a contract of employment.

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details