

Application for Employment

Date: _____

Victoria Country Club
14 Spring Creek Rd
Victoria TX, 77904
361-573-3712

It is the policy of the company to provide equal opportunity with regards to all terms and conditions of employment. Victoria Country Club with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Please print all information requested except signature. Application must be completed in full to be considered for review of job applying for.

Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

Social Security # _____ Drivers license # _____

Position Applied For: _____

Special training skills (languages, machine operation, etc) that would benefit you in the job which you are applying:

Would you agree to a pre-employment and/or post-employment drug screening by a physician or a clinic of our selection? ☐ Yes ☐ No

Would you accept full-time work? ☐ Yes ☐ No

Would you accept part-time work? ☐ Yes ☐ No

How many hours can you work weekly? _____

Would you work a split shift? ☐ Yes ☐ No

On what date would you be available for work? _____

Have you ever been employed here before? ☐ Yes ☐ No Date: _____

Do you have the legal right to be employed in the U.S.? ☐ Yes (proof required) ☐ No Were you referred by a Victoria Country Club Employee? If yes, who?

Are you the legal age to work? ☐ Yes ☐ No

EDUCATION BACKGROUND

High School:

Name and location: _____

Course of study: _____ Did you graduate? ☐ Yes ☐ No

Degree or Diploma: _____

College:

Name and location: _____

Course of study: _____ Did you graduate? ☐ Yes ☐ No

Degree or Diploma: _____

Graduate School:

Name and location: _____

Course of study: _____ Did you graduate? ☐ Yes ☐ No

Degree or Diploma: _____

Vocational or other training:

Name and location: _____

Course of study: _____ Did you graduate? ☐ Yes ☐ No

Degree or Diploma: _____

Special Skills

List applicable professional or technical licenses/certifications, equipment, machinery, or special skills relative to your ability to perform the functions of the position for which you are applying:

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Would you agree to pre-employment and /or post employment drug screening by a physician or clinic of our selection?

☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

If the position you are applying for requires lifting, are there any limitations?

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date entered _____ Discharge Date _____

Please list three references other than relatives or previous employers.

Name: _____ Position: _____ Company: _____

Address: _____ Phone #: () ____ - ____

Name: _____ Position: _____ Company: _____

Address: _____ Phone #: () ____ - ____

Name: _____ Position: _____ Company: _____

Address: _____ Phone #: () ____ - ____

PREVIOUS EMPLOYERS AND ADDRESSES

1. Company Name: _____ Phone () ____ - ____

Contact Name: _____

Address: _____ City _____ State ____ Zip _____

Employed From _____ To _____

Position: _____ Reason for leaving _____

Last Wage _____

2. Company Name: _____ Phone () ____ - ____

Contact Name: _____

Address: _____ City _____ State ____ Zip _____

Employed From _____ To _____

Position: _____ Reason for leaving _____

Last Wage _____

3. Company Name: _____ Phone () ____ - ____

Contact Name: _____

Address: _____ City _____ State ____ Zip _____

Employed From _____ To _____

Position: _____ Reason for leaving _____

Last Wage _____

4. Company Name: _____ Phone () ____ - ____

Contact Name: _____

Address: _____ City _____ State ____ Zip _____

Employed From _____ To _____

Position: _____ Reason for leaving _____

Last Wage _____

PLEASE READ CAREFULLY

**VICTORIA COUNTRY CLUB
APPLICATION FORM WAIVER**

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMMISIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED.

I ALSO UNDERSTAND THAT (1) VICTORIA COUNTRY CLUB HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PREEMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYEMENT ;(2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESFUL PASSING OF TESTING UNDER SUCH POLICY.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO VICTORIA COUNTRY CLUBS RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR VICTORIA COUNTRY CLUBS OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, AT ANY TIME BY VICTORIA COUNTRY CLUB. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS GENERAL MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I UNDERSTAND THAT THE TEXAS WORKERS' COMPENSATION ACT MAKES INFORMATION IN OR DERIVED FROM A CLAIM FILE REGARDING AN EMPLOYEE CONFIDENTIAL. HOWEVER, I HEREBY WAIVE THIS RIGHT OF CONFIDENTIALITY TO THE EXTENT THAT I AUTHORIZE THE TEXAS WORKERS' S COMPENSATION COMMISSION TO REVIEW MY CLAIM FILE(S), IF THERE ARE ANY AND IT I HAVE MADE TWO OR MORE GENERAL INJURY CLAIMS IN THE PRECEDING FIVE YEARS, TO RELEASE THE DATE AND DESCRIPTION OF EACH INJURY TO THE EMPLOYER NAMED BELOW.

IN THE EVENT OF MY EMPLOYMENT, I WILL COMPLY WITH ALL RULES AND REGULATIONS AS SET FORTH IN THE VICTORIA COUNTRY CLUBS POLICY MANUEL OR OTHER COMMUNICATIONS DISTRIBUTED TO ALL EMPLOYEES.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION OR IN ANY PRIOR OR SUBSEUENT WRITTEN OR ORAL STATEMENT CREATES A CONTRACT OF EMPLOYMENT OR ANY RIGHTS IN THE NATURE OF A CONTRACT. I AGREE AND UNDERSTAND THAT IF I AM HIRED BY THE VICTORIA COUNTRY CLUB, MY EMPLOYMENT WILL BE AT-WILL, FOR AN INDEFINITE PERIOD OF TIME, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF VICTORIA COUNTRY CLUB OR MYSELF. I UNDERSTAND THAT I HAVE THE RIGHT TO END MY EMPLOYMENT AT ANY TIME AND THAT VICTORIA COUNTRY CLUB RETAINS THAT SAME RIGHT. I ALSO UNDERSTAND THAT NO ONE HAS THE AUTHORITY TO ENTER INTO ANY CONTRACT, AGREEMENT OR MODIFICATION OF THE FOREGOING UNLESS SUCH CONTRACT, AGREEMENT OR MODIFICATION IN WRITING AND SIGNED BY THE VICTORIA COUNTRY CLUB'S GENERAL MANAGER

Applications Signature: _____ Date: _____

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, and sign below)

I, _____, hereby authorize my prior employer,
_____, to release any and all information relating to
my employment with them to Victoria Country Club. I further release and hold harmless
both _____ and Victoria
Country Club from any and all liability they may potentially result from the release
and/or use of such information. I understand that any information released by my prior
employer will be held in strictest confidence, that it will be viewed only by those
involved in the hiring decision, and that neither I nor anyone else not so involved will
have the right to see the information.

Applicant's signature

Date