



## Application for Employment

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, gender, sexual orientation, marital status, pregnancy, national origin, veteran, ancestry, age, religion, disability, citizenship status or any other group protected by law. Please advise us if any accommodation is needed to participate in the application process.

PERSONAL		
LAST NAME	FIRST NAME	
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE - HOME	PHONE - WORK	PHONE - CELL

GENERAL INFORMATION							
POSITION DESIRED							
SALARY/WAGE DESIRED				DATE AVAILABLE TO WORK			
AGE: ARE YOU AT LEAST 18 YEARS OLD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU AT LEAST 21 YEARS OLD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>PLEASE CHECK SCHEDULE AVAILABILITY:</b>							
<input type="checkbox"/> I am available and desire to work FULL-TIME (32 hours) and do not have restrictions on my hours and days. (Complete Section B)							
<input type="checkbox"/> I am available and desire to work PART-TIME (If less than 31 hours a week, please complete Sections A & B)							
A. I am only available for PART-TIME because:							
<input type="checkbox"/> Student		<input type="checkbox"/> Other Job		<input type="checkbox"/> Other (explain)			
<b>B. HOURS AVAILABLE</b>	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TO	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS							

EDUCATION AND TRAINING				
SCHOOL	NAME, CITY & STATE FOR EACH SCHOOL	NUMBERS OF YEARS COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				
WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?				
IF JOB RELATED, INDICATE THE KINDS OF WORK WHICH YOU HAVE DONE:				
COMPUTER TRAINING _____		COMPUTER SOFTWARE SKILLS INCLUDE: _____		

### WORK EXPERIENCE

List your previous experience beginning with your most recent position. If additional space is needed attach a supplemental sheet. All employer information must be completed - See Resume for work experience will not be accepted as a completed application.

May we contact your current employer?  Yes  No

CURRENT EMPLOYER			EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE	ADDRESS (Street, City, State, Zip)		PHONE
STARTING POSITION		STARTING WAGE	STARTING POSITION		STARTING WAGE
LAST POSITION		FINAL WAGE	LAST POSITION		FINAL WAGE
DATES EMPLOYED	FROM	TO	DATES EMPLOYED	FROM	TO
IMMEDIATE SUPERVISOR			IMMEDIATE SUPERVISOR		
DUTIES			DUTIES		
REASON FOR LEAVING			REASON FOR LEAVING		

EMPLOYER		EMPLOYER	
ADDRESS (Street, City, State, Zip)		PHONE	
STARTING POSITION		STARTING WAGE	
LAST POSITION		FINAL WAGE	
DATES EMPLOYED	FROM	TO	
IMMEDIATE SUPERVISOR		IMMEDIATE SUPERVISOR	
DUTIES		DUTIES	
REASON FOR LEAVING		REASON FOR LEAVING	

**ADDITIONAL EMPLOYMENT HISTORY INQUIRIES**

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?  YES  NO IF YES, IDENTIFY NAME(S) AND RELEVANT DATES: \_\_\_\_\_

IF YOU HAVE WORKED FOR LPGA INTERNATIONAL BEFORE, STATE WHEN, POSITION AND REASON FOR LEAVING: \_\_\_\_\_

YES  NO IF YES, STATE: \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES  NO IF YES, EXPLAIN: \_\_\_\_\_

**FELONY CONVICTION RECORD**

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST TEN YEARS?

YES  NO

IF YES, STATE DETAILS AND DATES: \_\_\_\_\_

**REFERRAL SOURCE, CHECK ONE**

- WALK-IN APPLICANT
- EMPLOYMENT AGENCY NAME \_\_\_\_\_
- SCHOOL/COLLEGE \_\_\_\_\_
- COMMUNITY/ORGANIZATION NAME \_\_\_\_\_
- EMPLOYEE REFERRAL NAME \_\_\_\_\_
- NEWSPAPER NAME \_\_\_\_\_
- WEBSITE \_\_\_\_\_

**APPLICANT STATEMENT**

All of the information I have provided as part of the application process is complete, true and accurate. This includes the information on the application form, my resume and any other supporting documents I have provided, including the documents that verify my legal authorization to work.

I understand that I may be disqualified as an applicant or terminated as an employee at any time, if any of this information is found to be false, or if any fact is misrepresented or imitated on my documents. My signature below authorizes the Company as part of the application process to request any information from any reference or former employer of mine.

My consent includes giving the company the right to conduct a complete background investigation. The investigation may include, but is not limited to a check in my criminal history, driving record, employment, military, education and any other available public records which may provide information on my character, general reputation and mode of living.

I understand that the Company will comply with all applicable federal, state and local laws in conducting any investigation of me. Furthermore, I agree that any party that provides the Company or its agent information pursuant to this authorization will be released from any liability from me. I understand I am granting permission to these individuals or companies to provide the Company with information on me and I am agreeing not take any claim against them for providing the information.

I understand the Company has a Drug-Free Workplace Policy and I agree to comply with this policy as a condition of my employment. During my employment I agree to submit to any lawful drug, alcohol and/or skills testing required by the Company. I agree that my refusal to submit to such testing during my employment will result in disciplinary action up to and including termination, unless otherwise prohibited.

I further understand that my employment with the Company is on an at-will basis and is consistent with the law. I understand that I am free to terminate my employment at any time for any reason, and the Company is free to terminate the employment relationship with me at any time, for any reason, with or without advance notice. In addition, I understand as an employee of the Company, I am responsible for understanding the Company's policies, rules, regulations and practices as modified from time to by the Company. I understand the Company has complete discretion to modify its policies, rules, regulations and practices at any time.

I consent to such changes as a condition of my employment with the Company, provided that such changes are consistent with applicable federal, state and local law. I also understand that I have not right of privacy in my workspace, office, cubicle or locker, and the Company may conduct a search of these areas including my computer at any time.

This application is valid only as long as the position for which I applied remains open and/or no longer than 60 days. I will re-apply after that time if I am still interested in employment with the Company.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_