

Imagine...  
Your Own  
Private  
Autobahn!



# Employment Application

**A Drug-Free Workplace**

All applicants are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related physical or mental disability or any other legally protected under state or federal law. Applicants may request any reasonable and necessary accommodation to participate in the application process.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) Cell: ( ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Type of Employment desired? FULL TIME  PART TIME  SEASONAL  OTHER

Are you a citizen of the United States? YES  NO

If no, are you authorized to work in the U.S. and able to present appropriate work documentation if hired? YES  NO

Are you under age 18? YES  NO  **NOTE:** If you are under 18, hire is subject to verification that you are a minimum legal age to work in the position applied for.

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Do you have any relatives that work for this company? YES  NO  If yes, please list. \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? YES  NO

After reading a copy of the job description, are you able to perform the essential functions of the job? YES  NO

If no, please explain the limitations: \_\_\_\_\_

## Drivers License Information

**Please provide your drivers license information below ONLY if the job for which you are applying requires driving:**

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
Number of Years Completed: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Military Service

Have you served in the military? YES  NO  Period of Service: \_\_\_\_\_ Rank when discharged: \_\_\_\_\_

Describe type of training and work experience received while in service: \_\_\_\_\_  
\_\_\_\_\_



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## Previous Employment

If you are currently employed, may we contact your current employer? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Number of years known: \_\_\_\_\_

## Authorization, Acknowledgments and Signature

Autobahn Country Club strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. It has a policy that forbids the use or possession of illegal drugs, controlled substances or alcohol while at the work place, during company-related business conducted off premise, and forbids employees from being at work while under the influences of these substances. I understand that I will be given a copy of this policy and will be required to sign a statement that I agree to abide by this policy during my employment.

I authorize Autobahn Country Club to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify this information. I further authorize all former employers, individuals, and organizations named or referred to in this application, and any law enforcement agency, to provide information concerning this application, my background and suitability for employment, and I release each such person or entity from liability for providing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand and agree that any false or misleading statement made in this application, or any material omission from it will be grounds for rejection or, if discovered after I am hired, grounds for immediate termination. I therefore certify that the information contained in this application is complete and correct to the best of my knowledge.

I understand, also, that I am required to abide by all rules and regulations of the Employer.

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

**AUTHORIZATION AND RELEASE**

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers compensation injuries, driving record, criminal record, education, military records (DD214), credentials, credit (from Trans Union LLC), and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize AAIM to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

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

**May your current employer or references associated with your current employment be contacted? YES [ ] NO [ ]**

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

**PLEASE PRINT CLEARLY**

Name: Last		First		Middle	
Other Names Used - <i>include maiden name, aliases and nick names</i>					
Address:					
City		State		Zip	
Telephone Number		Social Security Number		Date of Birth	
Drivers License Number		State		Sex : M	F
				Race:	

**Note: California, Minnesota and Oklahoma employees only, please check the appropriate box.**  
**[ ] Yes, I would like a copy of my credit report. [ ] No, I do not want a copy of my credit report.**