

WHITE MOUNTAIN COUNTRY CLUB  
P.O. BOX 1489  
PINETOP, ARIZONA 85935

**APPLICATION FOR EMPLOYMENT**

Position Desired: \_\_\_\_\_ [ ] Part time [ ] Full time Date \_\_\_\_\_

Name \_\_\_\_\_  
(Print) Last First Middle

Present Address \_\_\_\_\_  
Street and Number City State  
How long have you lived there? \_\_\_\_\_  
Years Months

Previous Address \_\_\_\_\_  
Street and Number City State  
How long did you lived there? \_\_\_\_\_  
Years Months

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you ever worked for this Company before? [ ] Yes [ ] No

If Yes, please give dates and position: \_\_\_\_\_

Have you been convicted of any misdemeanor or felony in the last seven years? [ ] Yes [ ] No

If Yes, please give dates and details: \_\_\_\_\_  
\_\_\_\_\_

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

**RECORD OF PREVIOUS EMPLOYMENT**

Please list all of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving
Present or Last Employer Address City, State, Zip Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Your Title or Position Name and Title of Last Supervisor	Exact Reason for Leaving

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____
Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____

Have you ever been terminated or asked to resign from any job?     Yes     No

If Yes, please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer?     Yes     No

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used another name?     Yes     No  
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? \_\_\_\_\_  
\_\_\_\_\_

If hired, can you furnish proof that you are over 18 years of age?     Yes     No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?  
 Yes     No

Do you have adequate transportation to and from work?     Yes     No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

YEAR	NUMBER OF DAYS
YEAR	NUMBER OF DAYS
YEAR	NUMBER OF DAYS

**EDUCATION**

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/ Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

**PERSONAL REFERENCES**

Please list persons who know you well - **not** previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant