

EMPLOYMENT HISTORY CONTINUED

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	To:	

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	To:	

DO YOU HAVE ANY RELATIVES EMPLOYED BY TAMARACK RIDGE GOLF CLUB? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A FEDERAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YES, PROVIDE NAME, RELATION AND DEPARTMENT OF WHERE THEY WORK.	ARE YOU AWARE OF ANY CURRENT HEALTH CONDITION OR ALLERGY THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE JOB YOU HAVE APPLIED FOR, OR (B) WOULD BE HAZARDOUS TO THE SAFETY OF YOUR CO-WORKERS, OUR CUSTOMERS OR THE PUBLIC? YES <input type="checkbox"/> NO <input type="checkbox"/>
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OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:
(Do not list Clubs or Organizations of a Religious, Racial, Political or National Character)

REFERENCES

LIST TWO PERSONS WHO HAVE KNOWN YOU FOR SOME TIME AND TO WHOM WE MAY REFER:

(Do not include relatives, Business References Preferred)

NAME	ADDRESS	TELEPHONE
OCCUPATION	# OF YEARS KNOWN BY APPLICANT	
NAME	ADDRESS	TELEPHONE
OCCUPATION	# OF YEARS KNOWN BY APPLICANT	

I HEREBY DECLARE THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.
I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.
I HEREBY AUTHORIZE THE COMPANY TO VERIFY MY EMPLOYMENT AND CREDIT BACKGROUND.

SIGNATURE: _____

DATE: _____