



Tartan Fields Golf Club Application for Employment

Pre-employment Questionnaire

Equal Opportunity Employer

TARTAN FIELDS
GOLF CLUB

Please return your application, in person, to Tartan Fields Clubhouse. If you are a resident outside of the Columbus vicinity, please fax your application.

8070 Tartan Fields Dr.

Phone: 614-792-0900

Dublin, Ohio 43017

Fax: 614-792-0244

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

Name _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Referred by _____

EMPLOYMENT DESIRED

Position _____ Available Start Date _____ Salary Desired _____

Are you currently employed? YES___ NO___ If so, may we inquire with your present employer? YES___ NO___

Ever applied to this company before? YES___ NO___ Where? _____ When? _____

Please list your availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION INFORMATION

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL INFORMATION

Subjects of special study/research work or special training/skills _____

U.S. Military or Naval Service _____ Rank _____

FORMER EMPLOYERS (List below last four employers, starting with your most recent one)

Start and End Dates (MM/YY)	Name & Address of Employer	Salary	Position	Reason for Leaving

REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

Notes: _____

NEATNESS _____ CHARACTER _____ PERSONALITY _____

ABILITY _____ OTHER _____

HIRED _____ DEPARTMENT HIRED _____ POSITION _____

WILL REPORT TO _____ SALARY/HOURLY WAGES _____