

APPLICATION FOR EMPLOYMENT

Tippecanoe Lake Country Club

PERSONNEL SERVICES DEPARTMENT
 7245 N. Kalorama Road
 Leesburg, Indiana
 (574) 453-4441 ext. 22

The Tippecanoe Lake Country Club is an equal Opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability.

All job offers are contingent upon the successful completion of a background process, which may include a police records check and a medical examination which includes drug screening.

PLEASE TYPE OR PRINT LEGIBLY; THIS APPLICATION IS PART OF THE EXAMINATION PROCESS. RESUME MAY BE ATTACHED, BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION.

PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR:		ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ENTER JOB BULLETIN NUMBER (See lower left corner of job announcement flyer if any)		APPLICANT, CHECK ONLY IF APPLYING FOR A PUBLIC SAFETY POSITION. ARE YOU OVER 60 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRINT YOUR FULL NAME: (Last) (First) (Middle)		TELEPHONE/CONTACT INFORMATION: HOME: () - BUSINESS: () - x CELL: () - E-MAIL:	
ADDRESS: (Number) (Street) (Apt. No.) (City) (State) (Zip Code)		DRIVER'S LICENSE#: STATE: CLASS: EXPIRATION DATE: / / RESTRICTIONS:	
SOCIAL SECURITY NUMBER	WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK AND UNDERSTAND FLUENTLY?	HAVE YOU THE LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY BY A COURT OF LAW OR A MILITARY TRIBUNAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS BELOW. EMPLOYABILITY WILL DEPEND UPON THE NATURE OF THE OFFENSE, THE JOB IN QUESTION, AND THE CONDUCT OF THE APPLICANT SINCE THE OFFENSE WAS COMMITTED.		ARE YOU RELATED TO ANYONE WORKING FOR THE AGENCY NAME <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IN WHAT DEPARTMENT IS YOUR RELATIVE EMPLOYED: NAME OF RELATIVE: RELATIONSHIP:	
DATE	CITY AND STATE	OFFENSE	PENALTY OR DISPOSITION
/ /			
/ /			
/ /			
EDUCATION			
CHECK HIGHEST GRADE COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		NAME AND LOCATION OF HIGH SCHOOL	DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
			DO YOU HAVE A GED CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY ATTENDED	ATTENDANCE DATES	MAJOR	UNITS
			DEGREE RECEIVED
OTHER JOB RELATED TRAINING			
PROFESSIONAL LICENSES OR CERTIFICATES:			
PROFESSIONAL MEMBERSHIPS:			
REMARKS:			

U.S. ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO			
BRANCH OF SERVICE	YEARS OF ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	RANK

IF YOU WISH TO CLAIM VETERAN'S CREDIT YOU MUST ATTACH A COPY OF FORM DD214 TO YOUR APPLICATION

EXPERIENCE: LIST YOUR PRESENT OR MOST RECENT JOB FIRST. CAREFULLY ACCOUNT FOR ALL RECENT EMPLOYMENT (AT LEAST THE LAST TEN YEARS). BY GIVING COMPLETE INFORMATION, YOU WILL IMPROVE YOUR CHANCES FOR EMPLOYMENT. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF 'NO' EXPLAIN:			
FROM: MONTH/YEAR / /	TO: MONTH/YEAR / /	TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM: MONTH/YEAR / /		TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM: MONTH/YEAR / /		TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM: MONTH/YEAR / /		TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM: MONTH/YEAR / /		TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM: MONTH/YEAR / /		TITLE OF YOUR POSITION	
NAME OF EMPLOYER		DUTIES OF YOUR POSITION	
ADDRESS:			
NAME OF SUPERVISOR			
PHONE #: () - x			
REASON FOR LEAVING		NO. SUPERVISED (IF ANY)	SALARY: \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEVE I UNDERSTAND THAT FALSE STATEMENTS ARE CAUSE FOR REJECTION OF APPLICATION. REMOVAL OF NAME FROM ELIGIBLE LIST OR DISMISSAL FROM POSITION. (AGENCY NAME MUNICIPAL CODE ENTER YOUR MUNICIPAL CODE)

SIGNATURE OF APPLICANT

DATE SIGNED