

EMPLOYMENT HISTORY

May we contact your present employer? YES NO

COMPANY NAME (Present or most recent)	ADDRESS TELEPHONE		
POSITION	EMPLOYED FROM	TO	STARTING PAY
SUPERVISOR'S NAME/ POSITION	REASON FOR LEAVING		
DESCRIBE YOUR DUTIES			
COMPANY NAME	ADDRESS TELEPHONE		
POSITION	EMPLOYED FROM	TO	STARTING PAY
SUPERVISOR'S NAME/ POSITION	REASON FOR LEAVING		
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DESCRIBE YOUR DUTIES			

REFERENCES: Give the name of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	RELATIONSHIP

Applicant's Statement

If employment is offered I agree to produce identification such as a U.S. Passport, a driver's license or photogenic identification card issued by the state.

If employment is offered, I agree to submit a birth certificate, social security card, certificate of U.S. citizenship or verification of my legal right to work in this country.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal and revocation of any earned benefits except as allowable by law, if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event I am hired. If any part of my job involves driving a vehicle, I agree to provide verification of a current Arizona driver's license and past driving history. I agree to immediately inform The Club in writing of any changes in my abilities or driving record.

I hereby agree to submit to any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid for 30 days; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

SIGNATURE _____

DATE _____