



**To Whom It May Concern:**

**Thank you for your interest in employment with Brookside Country Club.**

**Please complete the following application for employment and return it to Brookside Country Club, 901 Willow Lane, Macungie, PA 18062. You may return the application by mail, in person or fax to my attention at 484-224-5509. (Note that denim is not permitted on club property. Please dress appropriately.)**

**If you wish additional information, feel free to email me at [jdangelo@bcc1929.org](mailto:jdangelo@bcc1929.org) or call me at 484-224-5486.**

**Sincerely,**

*Susan Kingston*

**Susan Kingston  
HR/AP Coordinator**

**Brookside Country Club**  
**901 Willow Lane, Macungie, PA 18062**

**APPLICATION FOR EMPLOYMENT**  
**(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

|                                      |  |       |        |  |
|--------------------------------------|--|-------|--------|--|
| P<br>E<br>R<br>S<br>O<br>N<br>A<br>L | Last Name  | First | Middle | Date   |
|                                      | Street Address   |       |        | Home Telephone<br>(    )   |
|                                      | City, State, Zip   |       |        | Cell Phone<br>(    )   |
|                                      | E-mail Address   |       |        |  |
|                                      | Have you ever applied for employment with us?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes: Month and Year _____  |       |        | Social Security #  |
|                                      | Position Desired   |       |        | Pay Expected   |
|                                      | Apart from absence for religious observance, are you available for full-time work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____ |       |        | Will you work overtime if asked?<br>Yes        No  |
|                                      | Are you legally eligible for employment in the United States?  |       |        | When will you be available to begin work?<br>_____   |
|                                      | Other special training or skills (languages, machine operation, etc.)  |       |        | Are you 16 years of age or older?<br>Yes        No<br><b><i>If under 18 years of age, you must provide working papers.</i></b> |

| E<br>D<br>U<br>C<br>A<br>T<br>I<br>O<br>N | SCHOOL                       | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS ATTENDED | DID YOU GRADUATE? |
|---|------------------------------|-----------------------------|-----------------|-----------------------|-------------------|
|   | Graduate                     |                             |                 |                       | Yes               |
|   |                              |                             |                 |                       | No                |
|   | College                      |                             |                 |                       | Yes               |
|   |                              |                             |                 |                       | No                |
|   | Business/Trade/<br>Technical |                             |                 |                       | Yes               |
|   |                              |                             |                 |                       | No                |
| High School                               |                              |                             |                 | Yes                   |                   |
|   |                              |                             |                 | No                    |                   |
| Elementary                                |                              |                             |                 | Yes                   |                   |
|   |                              |                             |                 | No                    |                   |

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

|                 |  |             |                           |
|-----------------|--|-------------|---------------------------|
| <b>MILITARY</b> | Did you serve in the U.S. Armed Forces?          | Yes      No | If "Yes", in what Branch? |
|                 | Present Membership in National Guard or Reserves |             |                           |

|                   |  |  |  |
|-------------------|--|--|--|
| <b>EMPLOYMENT</b> |  | Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. |  |
| <b>1</b>          | Company Name   | Telephone (      )   |  |
|                   | Address  | Employed –(State month and year)<br>From:                      To:   |  |
|                   | Name of Supervisor   | Weekly Pay<br>Start                      Last  |  |
|                   | State Job Title and Describe Your Work / May we call this reference? | Reason for Leaving   |  |

|          |  |  |  |
|----------|--|--|--|
| <b>2</b> | Company Name                           | Telephone (      )   |  |
|          | Address                                | Employed –(State month and year)<br>From:                      To: |  |
|          | Name of Supervisor                     | Weekly Pay<br>Start                      Last                      |  |
|          | State Job Title and Describe Your Work | Reason for Leaving   |  |

|          |  |  |  |
|----------|--|--|--|
| <b>3</b> | Company Name                           | Telephone (      )   |  |
|          | Address                                | Employed –(State month and year)<br>From:                      To: |  |
|          | Name of Supervisor                     | Weekly Pay<br>Start                      Last                      |  |
|          | State Job Title and Describe Your Work | Reason for Leaving   |  |

| <b>REFERENCES:</b> |         | Give the names of three (3) persons not related to you whom you have known at least one year. |                 |           |
|--------------------|---------|---|-----------------|-----------|
| NAME               | ADDRESS | BUSINESS  | YRS. ACQUAINTED | PHONE NO. |
| 1.                 |         |   |                 |           |
| 2.                 |         |   |                 |           |
| 3.                 |         |   |                 |           |

Person who referred me to Brookside Country Club: \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

## **DRUG AND ALCOHOL POLICY**

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_  
\_\_\_\_\_ If so, state the nature of the crime(s), when and where incident(s) occurred, when and where  
convicted and disposition of case(s).

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In the past two years, have you been convicted of the crime of possession of marijuana for personal use?  
\_\_\_\_\_ If so, state when and where convicted and disposition of case(s).

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Are you currently under arrest pending trial? \_\_\_\_\_ If so, please explain the nature of the arrest, when  
and where case is pending and trial date.

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Brookside Country Club has a vital interest in maintaining a drug-and-alcohol-free environment for its  
employees, members, customers and visitors. Therefore, Brookside Country Club prohibits the use of,  
purchase or sale of, transfer of, trafficking in, and working or reporting for work under the influence of  
intoxicants, drugs or controlled or illegal substances.

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## **APPLICANT CERTIFICATION**

I certify that I have not knowingly withheld or misrepresented any information required on the  
Employment Application of Brookside Country Club and that the answers given by me are true and  
correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally  
completed this application. I understand that any omission or misstatement of material fact on this  
application or on any document used to secure employment shall be grounds of rejection of this  
application or for immediate discharge if I am employed regardless of time elapsed before discovery.

I certify that I have read and understand the drug and alcohol policy of Brookside Country Club and  
agree to abide by its terms.

I authorize Brookside Country Club to thoroughly investigate my referenced work record, education,  
and other matters related to my stability for employment. Furthermore, I authorize my former  
employers to disclose to Brookside any and all letters, imports, and other information related to my work  
records, without giving me prior notice of such disclosure. In addition, I hereby release Brookside  
Country Club, my former employers, and all persons, corporations, partnerships and associations from  
any and all claims, demands or liabilities arising out of or in any way related to such investigation or  
disclosure.

I understand that nothing contained in the application or conveyed during any interview that may be  
granted is intended to and does not create any employment contract between Brookside Country Club  
and me. In addition, I understand and agree that if I am employed, my employment is at will for no  
definite or determinable period and may be terminated at any time with Brookside Country Club, no  
promise or representation contrary to the foregoing is binding on Brookside Country Club unless made  
in writing and signed by me and a designated representative of Brookside Country Club.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_