## Northampton Township - Northampton Valley Country Club APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

| PERSONAL INFORM                                | MATION  |                            |             |  |        |
|--|---|----------------------------|-------------|--|--------|
|  |   |                            |             | DATE                                     |        |
| NAME   |   |                            |             | SOCIAL SECURITY NUMBER Will be requested | -      |
|  | LAST FIR  | ST                         | MIDDLE      | hiring.                                  |        |
| PRESENT ADDRESS                                | STREET CI   | TV                         | STATE       | ZIP                                      |        |
|  |   | IY                         | STATE       | ZIP                                      |        |
| PERMANENT ADDRESS                              | STREET CI   | TY                         | STATE       | ZIP NVCC is not permitted                |        |
| PHONE NO.                                      | ARE YOU 18 YEA                                      | ARE YOU 18 YEARS OR OLDER? |             | to hire anyone under the a               | ige    |
|  | FROM LAWFULLY BECOMING<br>AUSE OF VISA OR IMMIGRATI |                            | Yes □       | No 🗆                                     |        |
|  | TIOL OF VIOLOGIC IIIIIIII OF U. I.                  |                            |             |  |        |
| EMPLOYMENT DES                                 | IRED  |                            | _           |  |        |
| POSITION                                       |   | DATE YOU<br>CAN STAF       |             | SALARY<br>DESIRED                        |        |
|  | IF SO MAY WE INQUIRE                                |                            |             | FIRST                                    |        |
| ARE YOU EMPLOYED N                             | OW?   | OF YOUR                    | PRESENT EM  | PLOYER?                                  | ┨╵     |
| VER APPLIED TO THIS COMPANY BEFORE?            |   | WHERE?                     |             | WHEN?                                    |        |
|  |   |                            |             |  |        |
| REFERRED BY                                    |   |                            |             |  |        |
| EDUCATION                                      | NAME AND LOCATION OF SC                             | *NO O<br>YEAR:<br>ATTEND   | S   *DID YO |  | D      |
| GRAMMAR SCHOOL                                 |   |                            |             |  |        |
| HIGH SCHOOL                                    |   |                            |             |  |        |
| COLLEGE  |   |                            |             |  | MIDDLE |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL |   |                            |             |  |        |
| OENED AL                                       |   |                            |             |  |        |
| GENERAL<br>SUBJECTS OF SPECIAL                 | STUDY OR RESEARCH WOF                               | RK                         |             |  |        |
|  |   |                            |             |  |        |
| SPECIAL SKILLS                                 |   |                            |             |  |        |
| ACTIVITIES: (CIVIC ATHLE                       |   |                            |             | TION OF ODION OF TO MENT                 |        |
|  | AME OF WHICH INDICATES THE RACE, CREE               | :D. SEX. AGE, MARITAL ST   | ·           |  |        |
| U. S MILITARY OR<br>NAVAL SERVICE              | RA  | NK                         |             | MEMBERSHIP IN<br>GUARD OR RESERVES       |        |

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

| FORMER EMPLOY  | <b>ERS</b> (LIST BEL  | OW LAST THREE EMPLO   | OYERS, START   | ING WITH LAS  | ST ONE FIRST).                                   |
|--|---|---|--|---|--|
| DATE   | NAME AND A  | DDRESS OF EMPLOYER  | SALARY   | POSITION  | REASON FOR LEAVING                               |
| MONTH AND YEAR   | NAIVIE AND A  | DDRESS OF EMPLOTER  | SALART   | POSITION  | REASON FOR LEAVING                               |
| FROM<br>TO   |   |   |  |   |  |
| FROM   |   |   |  |   |  |
| TO   |   |   |  |   |  |
| FROM   |   |   |  |   |  |
| ТО   |   |   |  |   |  |
| FROM   |   |   |  |   |  |
| ТО   |   |   |  |   |  |
| WHICH OF THESE JOBS I  | DID YOU LIKE BEST   | Γ?  |  |   |  |
| WHAT DID YOU LIKE MOS  | T ABOUT THIS JOE  | 3?  |  |   |  |
| REFERENCES: GIV  | E THE NAMES OF T  | HREE PERSONS NOT RELATE   | D TO YOU, WHOM   | И YOU HAVE KNO  | WN AT LEAST ONE YEAR.                            |
| NAME   |   | ADDRESS   | В  | USINESS   | YEARS<br>ACQUAINTED                              |
| 1  |   |   |  |   |  |
| 2  |   |   |  |   |  |
| 3  |   |   |  |   |  |
| AS A CONDITIO<br>BE SUBJECT TO<br>IN CASE OF   | N OF EMPLOYME<br>CRIMINAL PENAL   | F<br>NT OR CONTINUED EMPLO<br>FIES AND CIVIL LIABILITY.   |  | PLOYER WHO V  | ER A LIE DETECTOR TEST<br>IOLATES THIS LAW SHALL |
| EMERGENCY NOTIFY   | NAME  | A   | DDRESS   |   | PHONE NO.  |
| IF ANY FALSE INFORM<br>AM EMPLOYED. MY EI<br>IN CONSIDERATION O<br>MY EMPLOYMENT AN<br>TIME, AT EITHER MY O<br>EMPLOYMENT MAY BI<br>UNDERSTAND THAT N<br>BY THE PRESIDENT, F | MATION, OMISSIONS MPLOYMENT MAY E OF MY EMPLOYMEN' D COMPENSATION OR THE COMPANY'S E CHANGED, WITH NO COMPANY REPR HAS ANY AUTHORIT | S, OR MISREPRESENTATIONS BE TERMINATED AT ANY TIME T, I AGREE TO CONFORM TO | ARE DISCOVERE  THE COMPANY'S I  R WITHOUT CAU  ID AND AGREE TH  TH OR WITHOUT I  S PRESIDENT, AI | D, MY APPLICATION RULES AND REGUESE. AND WITH OR HAT THE TERMS AND THE AND THEN ONLY WE | AND CONDITIONS OF MY                             |
| DATE   | SIGNATURE   |   |  |   |  |
|  |   | DO NOT WRITE BELO   | W THIS LINE  |   |  |
| INTERVIEWED BY:  |   |   |  | DAT   | E:   |
| REMARKS:   |   |   |  |   |  |
|  |   |   |  |   |  |
| NEATNESS   |   | A   | BILITY   |   |  |
| HIRED: Yes No  | )   | POSITION  |  | DEF   | PT.  |
| SALARY/WAGE  |   | D   | ATE REPORTING  | TO WORK   |  |
| APPROVED:  | 1. EMPLOYMENT MANA  | 2.  | EPT. HEAD  | 3   | GENERAL MANAGER                                  |

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.