

DUCK WOODS COUNTRY CLUB, INC.  
50 S. DOGWOOD TRAIL  
SOUTHERN SHORES, NC 27949  
OFFICE (252) 261-2744 FAX (252) 261-7042

EMPLOYMENT APPLICATION

<p>1. Name _____ Address _____ City _____ State ____ Zip Code _____ Phone _____</p> <p>2. How long at present address? _____ How long at previous address? _____ Address _____ City _____ State ____ Zip Code _____</p> <p>3. W-2 Mailing Address _____ City _____ State ____ Zip Code _____</p> <p>4. Are you 18 years or older? ____Yes ____No</p> <p>5. In case of emergency on job, who should be notified: _____ _____ _____</p>	<p>6. Job desired _____ ____Day ____Night ____Full time ____Part time Temporary until _____ Summer until _____</p> <p>7. I was referred to this company by: ____Walked In ____Friend ____Newspaper Ad</p> <p>8. Were you ever employed here before? ____No ____Yes From ____ To _____ Job _____ Reason for leaving _____</p> <p>9. Do you hold a driver's license? _____</p> <p>10. Have you ever been convicted of a crime? _____ Have you ever been refused a fidelity bond? _____ Explain if yes to any of the above: _____ _____ _____</p>
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(OVER)

EDUCATION

NAME OF SCHOOL	DATES OF ATTENDANCE	DID YOU GRADUATE	COURSE OF STUDY
11. High _____ City _____ State _____	From _____ To _____	Yes _____ No _____	_____ _____
12. Other _____ City _____ State _____	From _____ To _____	Yes _____ No _____	_____ _____
13. College _____ City _____ State _____	From _____ To _____	Yes _____ No _____	_____ _____

MOST RECENT JOB FIRST	WORK HISTORY	DATES EMPLOYED
14. Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Supervisor _____ Type of Business _____	Your Job _____ _____ Reason for Leaving _____ _____	From _____ (Mo.) (Yr.) To _____ (Mo.) (Yr.) Rate \$ _____
15. Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Supervisor _____ Type of Business _____	Your Job _____ _____ Reason for Leaving _____ _____	From _____ (Mo.) (Yr.) To _____ (Mo.) (Yr.) Rate \$ _____
15. 16. Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Supervisor _____ Type of Business _____	Your Job _____ _____ Reason for Leaving _____ _____	From _____ (Mo.) (Yr.) To _____ (Mo.) (Yr.) Rate \$ _____

I agree to have any of the above statements verified by the company. I understand that any misrepresentation or omission of material facts, unsatisfactory reference or failure to pass a physical examination is grounds for immediate termination of employment, without notice, warning or recourse.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PLEASE DO NOT WRITE BELOW  
(Office Use Only)

DATE	INTERVIEWER OR PERSONNEL OFFICER	DATE	REFERENCE CHECK