

PLEASE GIVE APPLICATION TO:

- Club Office
- F&B Office
- Maintenance/Property Services
- Golf Shop
- Tennis Shop
- Horticulture
- Housekeeping
- Security



Post Office Box 704
Linville, NC 28646
828.898.5151 phone
828.898.9742 fax
www.linvilleridge.com

Application for Employment

Name _____
 LAST FIRST MIDDLE

Address _____

_____ Telephone (__) _____
CITY STATE ZIP

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The Lutgert Companies appreciates your interest in our company. In order for us to be able to place you in a position best suited to your qualifications and career goals, we need to gain an understanding of your background and experience. Please take time to complete this form in full. In addition to completing this application, you may also attach your resume. You may request any needed accommodation to participate in the application process.

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other classes protected under federal, state, local, or county laws, ordinances, or regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. Consideration of an applicant for any particular job will be based only on information relevant to his or her qualifications for that job.

ALL QUESTIONS MUST BE ANSWERED.

STATE "N/A" IF QUESTION IS NOT APPLICABLE.

THIS IS A DRUG FREE WORKPLACE

Full Employment History (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer	Dates Employed		Summary of Work Performed <i>& Job Responsibilities</i>
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City and Zip)			
	Phone:		
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:			

Employer	Dates Employed		Summary of Work Performed <i>& Job Responsibilities</i>
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Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:			

Special Skills and Qualifications

Summarize special skills and qualifications

_____ Typing _____ WPM

List any professional, trade, business or civic activities and offices held

Computer skills (list programs and proficiency level)

Education Information

SCHOOLING	YEARS COMPLETED	DEGREE REC. & MAJOR SUBJECT	SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE COLLEGE					
GRADUATE SCHOOL					

Honors Received: _____

Military Service

Branch of Service and Serial Number	Present Service Classification	Rank at Discharge
List Duties/Special Training		

Agreement

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. A criminal record or sentence is not automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, if required. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment.

I understand that if my application is accepted, that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed except by a written instrument signed by an authorized officer of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

Signature of Applicant

Date



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Personal Information

Application Date _____ Position(s) Applied For _____

Salary Expectation _____ First date available for work _____

Are you available to work Full-time Part-time Weekends Seasonal

Times available for work (please indicate whether "a.m." "p.m." or "any")

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to us? _____

Have you filed an application here before? Yes No If yes, date/location _____

Have you ever been employed here before? Yes No If yes, date/location _____

Are you employed now? Yes No May we contact your employer? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, explain. _____

How much times have you lost from work during the last 12 Months? _____

Do you have reliable transportation to work? Yes No

Can you travel if a job requires it? Yes No

Are you legally eligible to work in the United States? Yes No

(Proof of citizenship or immigration status & identity is required upon employment)

Do you have a valid driver's license? Yes No List State _____

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)? *(Answering yes is not an automatic bar to employment)* Yes No

Have you ever plead no contest (nolo contendere) or guilty to a crime or been convicted of a crime, regardless of whether a felony or misdemeanor? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

Have you ever been arrested or charged with a crime, regardless of whether a felony or misdemeanor? Yes No

If you answered yes to any of the preceding questions regarding arrests, criminal charges or convictions, please give dates and details:



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List three things that are important to you in your work environment 1) _____

2) _____ 3) _____

Why do you want to work here? _____

Business References:

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

If this is a current employer may we contact them? Yes _____ No _____

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

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Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

If this is a current employer may we contact them? Yes _____ No _____



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Personal References:

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Copy A – Sign and Return this Page for Filing

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR
INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, the Company may obtain consumer reports on you as an applicant or from time to time during employment. “Consumer reports” are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, the Company may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An “investigative consumer report” is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: _____

Print Name: _____ SSN: _____

Driver’s License Number: _____ State: _____

Other Driver’s Licenses Held in Past 5 Years: _____

Print Maiden or Other Names Under Which Records May be Listed: _____

Date of Birth (to be used only for proper identification): _____

If the Company requests and investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here:

Copy B – Applicant/Employee Keeps this Page

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