

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 _____

CITY STATE ZIP Telephone (__) _____

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>
	From (Mo/Yr)	To (Mo/Yr)	
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Job Title	Hourly Rate/Salary		
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	Starting	Final	
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



LINVILLE RIDGE

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:



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 _____

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

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

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



LINVILLE RIDGE

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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☐

This Organization Participates in E-Verify



This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at

1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218

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E-VERIFY IS A SERVICE OF DHS AND SSA

M-780 (rev. 12/2010)

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

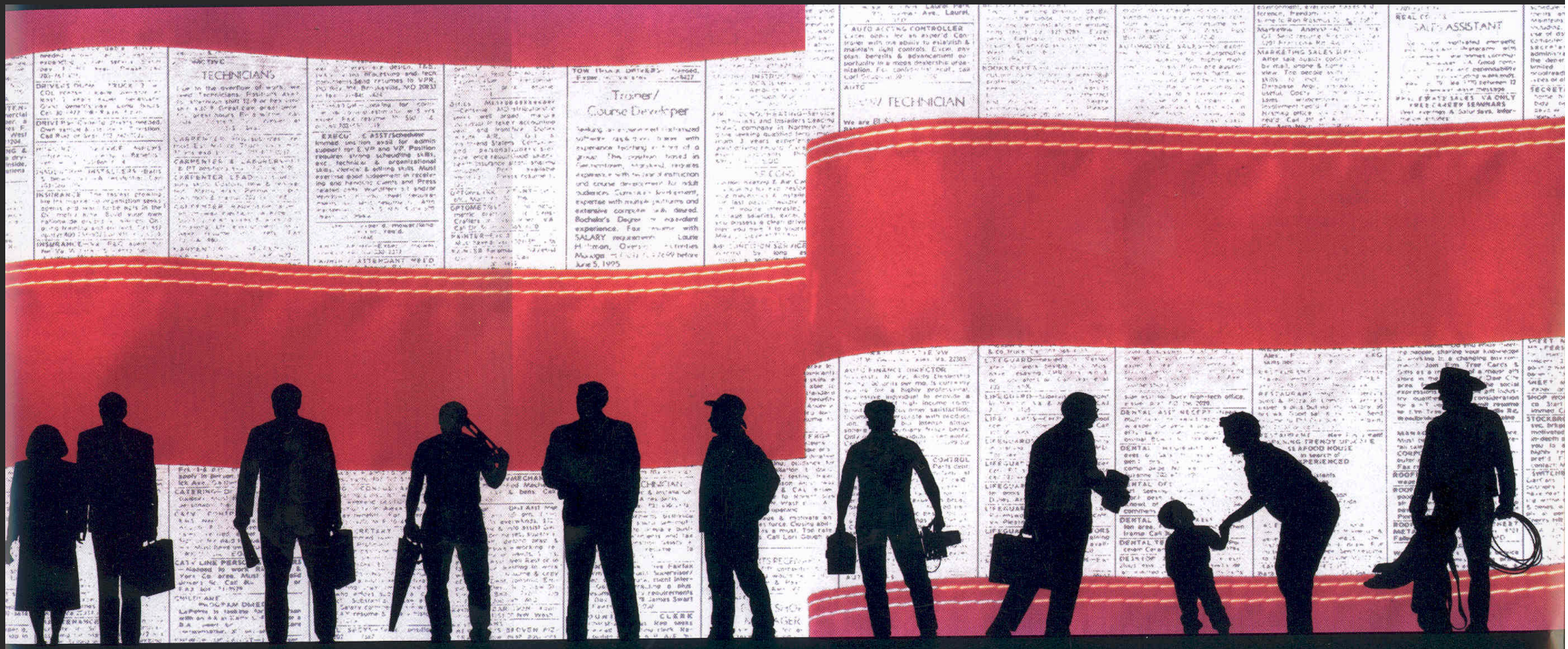
Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688.

La línea telefónica para personas con problemas de audición, es

1-800-237-2515. En Washington, D.C., llame al

202-616-5594, o al

202-616-5525 (personas con problemas de audición), o

escriba a la Oficina del

Consejero Especial, División de

Derechos Civiles, P.O. Box 27728,

Washington, DC 20038-7728.

**Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles**

Oficina del Consejero Especial

