## JOB APPLICATION

## Sittler Golf Center 497 Mountain Home Rd 610-678-8109

Sittler Golf Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position  Position(s) applying for: Full Time or Part Time		
How did you hear about this position?		
On what date can you start working if you are hired?		
Personal Information		
Do you have any friends, relatives, or acquaintances working for Sittler Golf Center		
If yes, state name & relationship:		
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Are you 17 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States	Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition	n of the c	ase:
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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the

description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) **Job Skills/Qualifications** Please list below the skills and qualifications you possess for the position for which you are applying: (Note: Sittler Golf Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) **Education and Training High School** Location (City, State) Year Graduated Degree Earned Name College/University Name Location (City, State) Year Graduated Degree Earned **Vocational School/Specialized Training** Location (City, State) Name Year Graduated Degree Earned Do you have any previous Golf Experience? **Previous Employment Employer Name:** Job Title: Supervisor Name: **Employer Address:** City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

Employer Name:  Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:	
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:  References Please provide personal and professional references	(s) below:
Reference	Contact Information
means that your employment can be terminated at or without notice, by you or the Sittler Golf Center. It is enter into any agreement contrary to the foregoin that your employment is "at will," and that you are presentations regarding your employment can alter	Center is referred to as "employment at will." This any time for any reason, with or without cause, with No representative of Sittler Golf Center has authority ge "employment at will" relationship. You understand acknowledge that no oral or written statements or your at-will employment status, except for a writter ve Vice-President/Chief Operations Officer or the
Applicant Signature:	Dated:

Please Submit with Cover Letter and Resume