



EMPLOYMENT APPLICATION



Indigo Golf Partners is an Equal Opportunity Employer. We comply with all applicable Federal, State and Local Laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION

POSITION APPLIED FOR:		APPLICATION DATE:	
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE:		EMAIL:	

As a condition of hire, all positions may be subject to a background check where applicable by law. Do you understand that you may be required to submit to a background check for the position you are applying for? (check one) Yes No
A conviction discovered by a background check will not necessarily automatically disqualify you for employment. Final decisions of employment will be made in accordance with the Fair Credit Reporting Act, 15 USC § 1681.

Are you legally authorized to work in the U.S.?		(check one)	Yes	No
Will you now or in the future require sponsorship for employment visa status (e.g. H1-B)?		(check one)	Yes	No
If you are under eighteen (18), are you able to furnish a work permit?		(check one)	Yes	No
Can you perform the essential functions of the position for which you are applying?		(check one)	Yes	No
If no, please explain. _____				

EVER EMPLOYED AT A INDIGO GOLF PARTNERS FACILITY?		LIST FRIENDS / RELATIVES WORKING FOR INDIGO GOLF PARTNERS:					
(check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, what position / location: _____							
DATE AVAILABLE TO START:		EMPLOYMENT TYPE: FULL-TIME PART-TIME SEASONAL (circle one)					
IF PART-TIME, YOUR AVAILABILITY: FROM: TO:	SUN	MON	TUE	WED	THU	FRI	SAT

WORK EXPERIENCE							
FROM:	TO:	COMPANY NAME/ADDRESS:				TELEPHONE:	
POSITION HELD:		SUPERVISOR NAME/TITLE:					
LAST WAGES:		REASON FOR LEAVING:					
FROM:	TO:	COMPANY NAME/ADDRESS:				TELEPHONE:	
POSITION HELD:		SUPERVISOR NAME/TITLE:					
LAST WAGES:		REASON FOR LEAVING:					
FROM:	TO:	COMPANY NAME/ADDRESS:				TELEPHONE:	
POSITION HELD:		SUPERVISOR NAME/TITLE:					
LAST WAGES:		REASON FOR LEAVING:					

MAY WE CONTACT THE EMPLOYERS ABOVE? (check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "No", indicate which one(s) you do not wish us to contact.
---	--	------------------------------	-----------------------------	---

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Do you hold any certification and/or membership (e.g. PGA, CPR, CPA?) List any additional computer skills and/or languages spoken.

EDUCATION				
NAME	ADDRESS	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				
PROFESSIONAL REFERENCES- at least one current or former manager				
NAME, TITLE AND COMPANY	TELEPHONE	RELATIONSHIP/ YRS KNOWN		

APPLICANT'S CERTIFICATION - Please read thoroughly before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that if I become employed a misrepresentation or omission of fact in this application may result in my discharge from employment. I authorize Indigo Golf Partners and/or Indigo Golf Partners subsidiary as part of its evaluation of my suitability for employment to contact all previous supervisors, school officials and references to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of Indigo Golf Partners and/or Indigo Golf Partners subsidiary has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an at-will employee, and Indigo Golf Partners and/or Indigo Golf Partners subsidiary may terminate my employment at any time and for any reason with or without prior notice.

MARYLAND & MASSACHUSETTS APPLICANTS ONLY: By law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment that an individual submit to or take, a lie detector or similar test.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____

INDIGO GOLF PARTNERS USE ONLY		
Interview?	Yes	No
Interview Date/Time:		
Interviewed by:		
Acceptable for Employment?	Yes	No
Start Date:		
Position/Title:		
Pay Rate:		