

## **CENTURY GOLF PARTNERS**

CGPM/WMC OPERATING, LLC

## APPLICATION FOR EMPLOYMENT

PERSUNAL IN	FORMATION					
NAME (Please Print)	Last	First	Middle	e	SOCIAL SECU	RITY NUMBER
ANY OTHER NAME ( (Maiden Name)	JSED FOR WORK OR S	SCHOOL? PLEASE N	NOTE		EMAIL ADDRI	ESS
PRESENT ADDRESS	Street	City	State	Zip Code	DRIVER'S LIC	ENSE # STATE
WORK PHONE NUM	BER	HON	ME PHONE NUMBER		CELL PHONE	NUMBER
LIST ALL CITIES ANI	D COUNTIES RESIDEI	D, EMPLOYED, AND/	OR ATTENDED SCHOOL	L FOR THE LAST SEVI	EN YEARS:	
N CASE OF AN EME	RGENCY, PLEASE NO	TIFY: Name		Relationship	Telephone Nun	nber
ARE YOU UNDERAG	E 18? Yes		U LEGALLY ELIGIBLE I citizenship or immigration		<u> </u>	Yes No
IAVE YOU BEEN EM Yes No	MPLOYED BY US BEFO If yes, reason for leavi		ENGAGE IN THE ILLEG		etc)	No
		ARE YOU	J WILLING TO BE TEST	ED FOR ILLEGAL USF	E OF DRUGS?	Yes No
OO YOU HAVE ANY	RELATIVES CURREN	TLY IN OUR EMPLO	YMENT? Yes	No If yes, nam	ne of relative:	
JOB PREFERE	NCES					
OSITION APPLYING	; FOR:					
YPE OF EMPLOYME	ENT DESIRED: F	ull Time Part Ti	me Weekends	Seasonal DATE	AVAILABLE TO WORK:	
ALARY DESIRED: _	LOCA	ΓΙΟΝ PREFERRED: _	AR	E YOU AVAILABLE F	OR ON-CALL WORK?	Yes No
Γimes Available t	o work (please indica	te whether "a.m.", "p.n	ı.", or "any")			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		i	i	i e	1	

This employer requires drug testing prior to employment. This company is an equal opportunity employer and does not discriminate in its employment on the basis of race, color, sex, religion, national origin, age or disability or on the basis of any other classification protected by Federal, state or local statute, regulation or ordinance.

JOB SKILLS							
ECIAL SKILLS (Please check all that apply) Typing wpm			Computers				
	Shorthand/Speedwriting	g wpm	Switchboard	type			
	Ten Key		Word Processor				
IST ALL WORD PROCESSOR AND/O	R COMPUTER EQUIPMENT FAMII	LIAR WITH:					
IST ANY SKILLS, VOCATIONAL LIC	ENSES OR CERTIFICATIONS THA	T RELATE TO JOB APPLIED F	FOR:				
IAVE YOU FILED AN APPLICATION	HERE BEFORE? Yes	No If yes, date/location :					
AVE YOU EVER BEEN DISCHARGE	D OR REQUESTED TO RESIGN FR	OM A POSITION? Yes	No If yes, explain:				
IAVE YOU BEEN IN THE UNITED ST	ATES MILITARY SERVICE?	Vec No. If we Dates of S	prvice.				
HONORABLE DISCHARGE?		Branch					
Military Experience:							
EDUCATION							
	W.A.	Did You	December		Circle		
School Location (City, S		Graduate?	Degree		ar Coi	npie	tea
Tigh School College						3	
Fraduate School							4
rade, Business or					2	3	4
ocational School /Other Training School							
OO YOU PLAN FUTURE EDUCATION	? Yes No If yes, ple	ase specify:					
REFERENCES							
JST THREE PERSONS OTHER THAN	RELATIVES:						
Name Occupation	Address & Telephone Number	er					
1							
2							
3							
REFERRED TO THIS COMPANY TH	ROUGH: Newspaper En	nployee Employment Agend	rechnical School	1 <u> </u>	Other		

## EMPLOYMENT RECORD

Please complete the following information for the past seven (7) years of employment, even if you have provided a resume. Begin with your present and most recent employer and **do not leave any gap in time.** Give exact reasons for leaving each position.

		Job Title	
		Phone Number	
City	State		
Ending Salary	Name and	Title of Supervisor	
To	Reason for Leaving		
		Job Title	
		Phone Number	
City	State		
Ending Salary	Name and '	Title of Supervisor	
To	Reason for Leaving		
	-		
		Job Title	
City	C4-4-	Phone Number	
City	State		
Ending Salary	Name and T	itle of Supervisor	
То	Reason for Leaving		
	<u> </u>		
		Job Title	
		Phone Number	
•			
Ending Salary	Name and T	itle of Supervisor	
	City  Ending Salary To  Ending Salary To  City  City  City  City  City		City State  Ending Salary Name and Title of Supervisor To Reason for Leaving Job Title Phone Number  Ending Salary Name and Title of Supervisor To Reason for Leaving Job Title Phone Number  City State  Ending Salary Name and Title of Supervisor To Reason for Leaving  Ending Salary Name and Title of Supervisor To Reason for Leaving  Dob Title Job Title Job Title Phone Number  City State

## CERTIFICATION OF EMPLOYMENT APPLICATION

I understand that this employer requires a pre-employment urine drug screen and background check. Failure to consent to the urine drug screen and background check will be considered withdrawal of my application for employment. I also understand that if my drug screen results are positive and/or my background check is not deemed acceptable by this employer, I will be ineligible for employment.

My employment shall be in accordance with the terms of (a) this application, (b) Company rules and regulations and any amendments thereto, and (c) any applicable labor agreements. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

I understand that my employment is not for a specific term and can be terminated by me or by the Company at any time for any reason, with or without cause, its only obligation being to pay wages or salary earned by me up to the time of my termination. Without limitation, failure to abide by Company rules and regulations or the falsification or omission of any information given by me in this application will entitle the Company to terminate my employment. No representation concerning my employment with the Company has been made to me. I understand that the terms of my employment may not be changed by oral or written representation unless an officer of the Company executes such in writing.

I agree that employment will be contingent upon the Company's determination that I meet all of the position's requirements.

The Company shall have the right at any time after termination of employment to furnish to others information concerning my employment record with the Company, including the information contained in this application.

I agree to not disclose or make use of any of the Company's trade secrets, proprietary information, and confidential or restricted information to anyone outside the Company without specific authorization from the Company during the term of my employment. I agree to be bound by the Company rules governing Company trade secret usage and will not use Company trade secrets outside the scope of my employment. I further agree to not disclose or use the Company's trade secrets, proprietary information, and confidential or restricted information for any purpose after my employment with the Company is terminated.

I will cooperate in any Company investigation by giving true and complete answers to all questions and by complying with all other requests for assistance.

I understand that as part of CGPM/WMC Operating, LLC's procedure for processing my employment application, a report may be prepared whereby information is obtained through background interviews with former employers, friends, or others with whom I am acquainted. This inquiry includes information as to my employment history, character, and general reputation. By my signature below, I am authorizing CGPM to contact those persons identified to obtain this information.

By signing this application, I agree: This application is complete and accurate to the best of my knowledge and I have not made any attempt to conceal information. Any falsification of information given by me in connection with my application will be cause for denial of employment or dismissal regardless of when discovered. If I am offered and accept employment with this Company, I agree that my employment will be terminable at will by me or by the Company, without the requirement of cause.

SIGNATURE OF APPLICANT	DATE
PRINTED NAME OF APPLICANT	