



APPLICATION FOR EMPLOYMENT

The Kittansett Club

11 Point Road, Marion, MA 02738

An Equal Opportunity Employer

Office 508-748-0148
 Office Fax 508-748-0158
 Pro Shop 508-748-0192
 Green Office 508-748-1250

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for the position you are applying for. Applicants sending resumes must also complete this application. All application materials become the property of the Kittansett Club and will not be returned.

Position Applying For	Department	Contact
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PERSONAL INFORMATION *as it appears on your SSN card*

Name (Last)		First		Middle Initial
Address (Street)				City
E-mail Address		State	Zip	
Cell Phone Number	Work Phone Number	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Status _____	
Age <input type="checkbox"/> Less than 14 <input type="checkbox"/> 14 - 17 <input type="checkbox"/> 18 or over		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s):		
Are you now or have you been employed by the Kittansett Club? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates, Supervisor, and department(s):				
Are you related to anyone now employed at the club or who has worked here in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No List name and relationship:				
How did you find out about this job opening? <input type="checkbox"/> Web page (Employment Opportunity List) <input type="checkbox"/> Friend <input type="checkbox"/> Club Employee <input type="checkbox"/> Newspaper (Identify) <input type="checkbox"/> Other (Please Explain):				
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>				

EDUCATION & SKILLS

Please list all education beginning with the most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of Years Completed	Graduated	Degree & Major
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	

OFFICE/COMPUTER SKILLS

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Payroll	<input type="checkbox"/> Ten key by touch
<input type="checkbox"/> Database	<input type="checkbox"/> Typing _____WPM	<input type="checkbox"/> Office Accounting	<input type="checkbox"/> Inventory
<input type="checkbox"/> Spreadsheet			
<input type="checkbox"/> Point of Sale Type:			

SKILLS/CERTIFICATIONS/LICENSSES

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 7 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. By signing below I authorize past employers to provide any work history and information pertaining to my past performance and or salary history. I give my consent for all contracted persons, including former employers, to provide information concerning this application to The Kittansett Club and/or its designated agent, and I hereby promise not to sue and do hereby release each such person from liability for providing information to The Kittansett Club or its designated agent from any and all liability of any kind or nature whatsoever, for actions taken as a part of processing my application for employment and the activities described in this document.

APPLICANT'S SIGNATURE: _____ DATE: _____

Upon completing this application, send a copy via email as an attachment to the proper person listed as the job contact on the website. You may also print your completed form and mail to: Clubhouse Manager, The Kittansett Club, 11 Point Road, Marion, MA 02738.