



**KING'S GRANT**

GOLF MANAGEMENT, LLC

# KING'S GRANT GOLF MANAGEMENT, LLC

347 Shawcroft Road • Fayetteville, NC 28311

## Application for Employment

*King's Grant Golf Management, LLC. does not discriminate on the basis of race, color, national or ethnic origin, age, sex, religious denomination, or disabilities in the administration of employment practices.*

**Please print.**

Full Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Criminal convictions are not an absolute bar to employment and will only be considered in relation to specific Job requirements.*

Position Applied for: \_\_\_\_\_

Desired Position (Please rank. #1 highest rank):

\_\_\_\_ Secretarial    \_\_\_\_ Maintenance    \_\_\_\_ Administrative    \_\_\_\_ Receptionist  
\_\_\_\_ Golf Shop    \_\_\_\_ Other: \_\_\_\_\_

What type of position are you seeking? \_\_\_\_\_ Part-Time    \_\_\_\_\_ Full-Time

Are you available to work weekends? \_\_\_\_\_ yes    \_\_\_\_\_ no

Have you ever been employed by King's Grant Golf Management, LLC.? \_\_\_\_\_ yes    \_\_\_\_\_ no



**\*VOLUNTEER OR OTHER NON-PAID WORK**

\*This section is optional. In this section you may include any verifiable work performed on a volunteer basis. Begin with present or last activity and work back. Use additional sheet if necessary.

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PREVIOUS VOLUNTEER ORGANIZATIONS? \_\_\_\_\_

**1.**

ORGANIZATION NAME	FROM:	TO:	PARTICIPATION DATES
ADDRESS	JOB TITLE/DUTIES		
SUPERVISOR	( ) TELEPHONE NO.	REASON FOR LEAVING	

**2.**

ORGANIZATION NAME	FROM:	TO:	PARTICIPATION DATES
ADDRESS	JOB TITLE/DUTIES		
SUPERVISOR	( ) TELEPHONE NO.	REASON FOR LEAVING	

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: ELM 6 7 8      HIGH 9 10 11 12      COLLEGE 13 14 15 16 17 18 19

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

COLLEGE OR UNIVERSITY: (List all whether or not degree was obtained)

NAME	LOCATION	MAJOR FIELD OF STUDY	MINOR FIELD OF STUDY	DEGREES	YEAR

\*ACADEMIC HONORS OR SPECIAL RECOGNITION \_\_\_\_\_

\*EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_

\*OFFICES HELD \_\_\_\_\_

\*OTHER NIGHT SCHOOL, CORRESPONDENCE, HOME STUDY OR COURSES \_\_\_\_\_

\*DO YOU HAVE ANY OBJECTION TO CONTACTING YOUR PREVIOUS SCHOOLS? \_\_\_\_\_

\*YOU MAY OMIT THOSE WHICH INDICATE RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE.



# NOTIFICATION AND RELEASE

Methodist University - Fayetteville

The information contained in my application for employment or student admissions with Methodist University (hereinafter The Organization") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Organization may result in The Organization not employing me or, if employed terminating my employment, or may cause me to be rejected as a student. I understand and agree that all information furnished in my application and all attachments may be verified by The Organization or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement agency to give The Organization all information relative to such verification and hereby release and full discharge such individuals, Agencies, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving records, drug testing, and criminal convictions or arrest records, in order to assist The Organization in making certain employment and student selection decisions. I further acknowledge notification by The Organization that such reports may be provided to The Organization by third parties. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Organization its parent and affiliated companies and the respective officers, trustees, directors, shareholders, employees, members, managers or agents of each, including subcontractors, from any and all liability for any claim or damage, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Organization agrees to inform candidates if an employment or volunteer decision has been influenced by information contained in a consumer report requested by The Organization and preformed by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. The Organization will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act."

### PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_

Maiden Name or "AKA" \_\_\_\_\_ Dates Used (yr) from \_\_\_\_\_ to \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use back of page if necessary).

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip,County \_\_\_\_\_