



# Lakewood Country Club

6430 Gaston Ave.  
 Dallas, TX 75214  
 Phone (214) 821-1491  
 Fax (214) 821-7779

Prospective employees will receive consideration  
 without discrimination because of race, creed, color,  
 sex, age, religion, natural origin or handicap.

Date of application

## EMPLOYMENT APPLICATION

### PERSONAL

|                     |            |                        |
|---------------------|------------|------------------------|
| Last Name           | First Name | Middle Name            |
| Address             | Number     | Street                 |
|                     |            | City                   |
|                     |            | State                  |
|                     |            | Zip Code               |
| Telephone Number(s) |            | Social Security Number |
| Position Desired    |            | Pay Expected           |

If you are under 18 years of age, can you provide required  
 proof of your eligibility to work? Yes      No

Have you ever filed an application with us before? Yes      No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes      No  
 If Yes, give date \_\_\_\_\_

Are you currently employed? Yes      No

May we contact your present employer? Yes      No

Are you prevented from lawfully becoming employed in this  
 country because of Visa or Immigration status? Yes      No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:    Full Time    Part Time    Shift Work    Temporary  
    On Call      Summer Hire    Overtime

Have you been bonded? Yes      No

If Yes, give name of Employer \_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

|   |  |                              |                    |                      |   |                      |
|---|--|------------------------------|--------------------|----------------------|---|----------------------|
| E<br>D<br>U<br>C<br>A<br>T<br>I<br>O<br>N | SCHOOL   | NAME & LOCATION<br>OF SCHOOL | COURSE OF<br>STUDY | # OF YRS<br>COMPETED | DID YOU<br>GRADUATE?  | DEGREE<br>OR DIPLOMA |
|   | College  |                              |                    |                      | Yes<br>No   |                      |
|   | High   |                              |                    |                      | Yes<br>No   |                      |
|   | Elementary   |                              |                    |                      | Yes<br>No   |                      |
|   | Other  |                              |                    |                      | Yes<br>No   |                      |
| M<br>I<br>L<br>I<br>T<br>A<br>R<br>Y      | COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES |                              |                    |                      | Branch of Service   |                      |
|   | Describe your duties and any special training                |                              |                    |                      | Period of Active Duty<br>(Month & Year)<br>From                      To |                      |
|   |  |                              |                    |                      | Rank at Discharge   |                      |
|   |  |                              |                    |                      | Date of Final<br>Discharge  |                      |

|  |   |      |    |                         |       |    |
|--|---|------|----|-------------------------|-------|----|
| S<br>P<br>E<br>C<br>I<br>A<br>L<br><br>Q<br>U<br>E<br>S<br>T<br>I<br>O<br>N<br>S   | DO NOT ANSWER ANY OF THE QUESTIONS IN THIS AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION. OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.  |      |    |                         |       |    |
|  | Height  | ft   | in | Are you a U.S. citizen? | Yes   | No |
|  | Weight  | lbs. |    |                         |       |    |
|  | What Foreign Languages do you speak fluently?   |      |    | Read                    | Write |    |
|  | Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes    No    If Yes, Give date and nature of conviction. A conviction does not automatically mean you cannot be selected for employment. What you are convicted of, and how long ago are important. Give all facts so that a decision can be made. |      |    |                         |       |    |
|  |   |      |    |                         |       |    |
|  |   |      |    |                         |       |    |
|  | State names of relatives and friends working for us other than your spouse.   |      |    |                         |       |    |
|  |   |      |    |                         |       |    |
|  | § The Americans With disabilities Act of 1992 prohibits discrimination against any person with disabilities whether in hiring and promotions or compensation and fringe benefits.   |      |    |                         |       |    |
| *The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.<br>**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied. |   |      |    |                         |       |    |

## EMPLOYMENT

We may contact your current employer unless you indicate that you do not want us to do so.

**DO NOT CONTACT**

Employer Number(s) \_\_\_\_\_

Reason \_\_\_\_\_

Please give accurate, complete full-time and part-time employment record, including another name (maiden or other you have previously worked under that will be significant in processing this application). Start with present or most recent employer.

|   |  |   |
|---|--|---|
| 1 | Company Name                           | Telephone<br>(    ) -   |
|   | Address                                | Employed (State Month and Year)<br>From                      To |
|   | Name of Supervisor                     | Weekly Pay<br>Start                      Last                   |
|   | State Job Title and Describe Your Work | Reason for Leaving  |
| 2 | Company Name                           | Telephone<br>(    ) -   |
|   | Address                                | Employed (State Month and Year)<br>From                      To |
|   | Name of Supervisor                     | Weekly Pay<br>Start                      Last                   |
|   | State Job Title and Describe Your Work | Reason for Leaving  |
| 3 | Company Name                           | Telephone<br>(    ) -   |
|   | Address                                | Employed (State Month and Year)<br>From                      To |
|   | Name of Supervisor                     | Weekly Pay<br>Start                      Last                   |
|   | State Job Title and Describe Your Work | Reason for Leaving  |

**Drug Abuse Policy  
Of  
Lakewood Country Club**

**1. Statement of Purpose and Scope**

Lakewood Country Club recognizes that alcohol and drug abuse in the work place has become a major concern. We believe that by reducing drug and alcohol abuse, we will improve the safety, health and productivity of employees. The object of our drug abuse policy is to provide a safe and healthy work place for all employees, prevent accidents and comply with Section 7.10 of the Texas Workers' Compensation Act.

The use, possession, sale, transfer, purchase or being under the influence of drugs by employees at any time on company premises or while on company business is prohibited. The illegal use of any drug is prohibited. Employees must not report for duty or be on company property while under the influence of, or have in their possession while on company property, any drug.

**2. Definition of Drug**

For the purpose of this policy, the term "drug", wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs.

**3. Consequences of Violating the Drug Abuse Policy**

Violation of this drug abuse policy will result in one of the following forms of corrective action: Immediate discharge, suspension, probation, oral warning or written warning. In arriving at a decision for proper action, the seriousness of the infraction, the past record of the employee, and the circumstances surrounding the matter will all be taken into consideration.

**4. Treatment Programs and Employee Insurance**

While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private health care facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents. Group health insurance offered to employees and their dependents provides limited coverage for expenses related to drug treatment programs. See your supervisor or refer to the plan description for details.

**5. Education and Training Programs**

We do not offer, nor require participation in, drug and alcohol abuse education and training programs. However, various public and private facilities in our area. Affected employees are encouraged to seek assistance for themselves and their dependents.

**6. Drug Testing**

We require drug testing as a condition for employment.

I have read and understand this drug abuse policy and agree to abide by its terms and conditions.

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Signature of employee

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Date signed

## Lakewood Country Club Pre-Employment Statement

I hereby declare the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this Application shall be considered cause for immediate dismissal.

I voluntarily authorize and give this Company the right to investigate and verify all statements and representations made by me on this Application for Employment and in any interview I may have given. I do further agree to forever release, discharge, and hold harmless this Company from any claim which I might have that in any way arises out of, is based upon, or results from the use or disclosure by this Company of any such information. I also release from liability all persons, companies, or entities supplying such information.

I agree to take a pre-employment physical examination which exam will include, but not be limited to, tests for illegal or controlled substances and drugs. I agree to reimburse the Company for the cost of the examination if I voluntarily resign within thirty (30) days of my employment date and authorize this Company to withhold such reimbursement from my paycheck. I further understand that if I am employed by this Company, IT IS A CONDITION OF MY EMPLOYMENT THAT I WILL VOLUNTARILY CONSENT AND HEREBY CONSENT TO ANY FUTURE TESTS THAT MY EMPLOYER MAY WISH TO TAKE FOR ISSEGal OR CONTROLLED SUBSTANCES AND DRUGS.

Should any license or certification be required for the job for which I am applying, loss or impairment of such certification or license shall be cause for immediate termination.

In the event of employment, I understand and agree that my employment by this Company is not for any definite term or duration and that the Company and I may terminate my employment at any time and for any reason, without prior notice. I understand that I must abide by any and all rules and regulations of this Company.

### Worker's Compensation Employee Right

LWCC has workers' compensation insurance coverage from \_\_\_\_\_ to protect you.

Under the Texas Worker's Compensation Law passed January 1, 1991, employees have the right to retain their common law right of action, if, no later than five days after beginning employment you notify Lakewood Country Club in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain Worker's Compensation income or medical benefits if you are injured.

LWCC esta' cubierto por aseguranza de compensacion al trabajador para su proteccion.

Usted puede elegir retener su derecho a acciones bajo la ley comun, si, no mas tarde de cinco dias despues de comenzar empleo, usted notifica a LWCC por escrito que usted desea retener su derecho bajo la ley comun para recobrar danos por lesiones personales. Si usted elige su derecho de accion por la ley comun, usted no puede obtener ingreso de compensacion al trabajador o beneficios medicos sis es usted lesionado/a.

I do \_\_\_\_\_ do not \_\_\_\_\_ wish to be covered by LWCC Worker's Compensation.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

#### APPLICANT – DO NOT WRITE IN THIS SECTION

|                   |                          |          |             |          |        |
|-------------------|--------------------------|----------|-------------|----------|--------|
| <b>INTERVIEWS</b> | INTERVIEWER              | DATE     | COMMENTS    |          |        |
|                   |                          |          |             |          |        |
|                   |                          |          |             |          |        |
| <b>HIRED</b>      | DEPARTMENT               | POSITION | WILL REPORT | LOCATION | SALARY |
|                   | APPROVED: PERSONNEL DEPT |          |             | DEPT MGR | GM     |
|                   |                          |          |             |          |        |