



**Lakewood Country Club**  
**6430 Gaston Avenue**  
**Dallas, Texas 75214**

**Application for Employment**

Lakewood Country Club ("LCC") is an equal opportunity employer that does not discriminate in hiring or any other employment decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, age, physical or mental disability unrelated to the ability to perform work required, or any other criteria prohibited by applicable state or federal law. The information obtained in this application is intended to secure information solely for the purpose of employment.

**PERSONAL DATA**

Last Name	First Name	Middle Name
Street Address	City	State
Telephone Number	Zip Code	
Telephone Number	Email Address	
<b>Desired Position</b>	<b>Expected Pay Rate</b>	
Check Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		
Please indicate your work availability: (Please indicate each date and shift clearly)		
Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM	Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM	Please provide any other details: _____	

**PERSONAL INFORMATION**

Are you legally authorized to work in the United States?	Yes No	If yes, are you able to provide proper documentation of your eligibility to work in the United States? Yes No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No	Do you have any friends or relatives working at the club? Yes No If yes, who? Please indicate relationship:
How did you hear about the position?		Were you referred by an employee? If so, whom?

Have you been convicted of a felony, or misdemeanor involving theft or dishonesty in the last 7 years which has not been annulled, expunged, or sealed by a court?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide, in concise detail, the date and nature of the offense and disposition of the case. LCC will assess records of conviction to determine if a particular conviction is disqualifying. The particular circumstances of a conviction may not disqualify you. However, a material false statement about convictions will be disqualifying. Please use space below or separate page if needed.

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**EMPLOYMENT HISTORY**

Please start with your most recent employer	Company Name: Job Title:	Dates Employed Start: End:	Reason for Leaving:
Current Employer Yes No	Starting Pay Rate: Ending Pay Rate: Telephone: _____ May we contact? Yes No	Name of Supervisor:	Summary of Job Duties:
	Company Name: Job Title:	Dates Employed Start: End:	Reason for Leaving:
	Starting Pay Rate: Ending Pay Rate: Telephone: _____ May we contact? Yes No	Name of Supervisor:	Summary of Job Duties:
	Company Name: Job Title:	Dates Employed Start: End:	Reason for Leaving:
	Starting Pay Rate: Ending Pay Rate: Telephone: _____ May we contact? Yes No	Name of Supervisor:	Summary of Job Duties:

**EDUCATIONAL BACKGROUND**

Type of School	Name and Location of School	Dates Attended	Date Graduated or Expected Graduation	Field of Study	Degree Obtained
High School or GED					
Undergraduate College or University					
Graduate School					
Technical School					

Please list any special skills, training, licenses, certificates, or foreign languages spoken fluently:

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Are you able to perform the essential functions of the job with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please provide what accommodation may be requested to fulfill the essential functions of your job \_\_\_\_\_

Applicable law may prohibit discrimination against any person with disabilities whether in hiring and promotions or compensation and fringe benefits.

<p><b>COMPLETE THIS SECTION ONLY if you served in the United States Military Service.</b></p>	<p>Describe your duties or special training:</p>
<p>Are you a veteran? _____ Yes _____ No If yes, list the type of discharge _____</p>	<p>Are you a surviving spouse of a veteran? _____ Yes _____ No</p>
<p>Dates of Service From: _____ To: _____</p>	<p>Rank at Discharge: Date of Final Discharge:</p>

## **Lakewood Country Club Applicant 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 LCC the right to investigate and verify all statements and representations made by me on this Application for Employment or during the interview process. I do further agree to release, discharge, and hold harmless LCC 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 LCC of any such information. I also release from liability all persons, companies, or entities supplying such information. I agree to follow Lakewood Country Club's rules and regulations and further understand that if I am employed by LCC, 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 CONDUCT FOR ALCOHOL, ILLEGAL OR CONTROLLED SUBSTANCES AND DRUGS. I understand that if I am given a conditional offer of employment, a criminal history background check and an authorization to work check may be conducted on me as part of the application process. I also understand and agree that the Club reserves the right to rescind my conditional offer of employment, or where applicable, deny access based on the information. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization within (3) days of my start date or sooner. I also understand it is the LCC'S policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

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 with LCC is not for any definite term or duration and that LCC and I may terminate my employment at any time and for any reason, without prior notice. I have read and fully understand that I seek employment with Lakewood Country Club under these conditions.

**Signature of Applicant:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

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## AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_ (print name), hereby authorize Lakewood Country Club to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Lakewood Country Club will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

\*Applicant Social Security Number: \_\_\_\_\_

\*Applicant Date of Birth: \_\_\_\_\_

\*This information is collected ONLY for the purposes of completing a background check investigation and work eligibility check as part of our application process.

CLICK SUBMIT to submit your completed application.