



Cog Hill Golf & Country Club, Inc.  
12294 Archer Avenue \* Lemont IL 60439  
630-257-5872

## Application for Employment

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Date \_\_\_\_\_

**Name**

\_\_\_\_\_

Last

First

Middle

**Address**

\_\_\_\_\_

Street

\_\_\_\_\_

Apt / Unit

\_\_\_\_\_

City

State

Zip

**Social**

**Security #** \_\_\_\_\_ (optional) **Main Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Position**

**applied for:** \_\_\_\_\_

**Full Time / Part Time / Seasonal**

(Circle One)

Have you ever worked for this Company before? Yes / No

If yes, please give dates and position: \_\_\_\_\_

Are you 18 or older? Yes / No

If no, age \_\_\_\_\_

Are you 21 or older? Yes / No

(for service related positions)

**Education / Skills**

Type of School	Name /Location	# of Yrs Attended	Did you Graduate? Degree Obtained:	Major Course of Study
High School				
College				
Graduate School				
Trade or Business				

**Employment Experience**

Are you currently employed? Yes / No
May we contact your current employer for a reference check? Yes / No

LIST YOUR LAST THREE PREVIOUS EMPLOYERS (most recent first). Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Present or Last Employer:	Your title or position	Employed	Pay Rate	Reason for leaving
<input type="text"/>		_____	\$ _____	<input type="text"/>
Address:	_____	From (mo/yr)	Start	
<input type="text"/>				
City, State, Zip Code:	_____	_____	\$ _____	
<input type="text"/>	Name & Title of Last Supervisor	To (mo/yr)	Final	
Phone:				
<input type="text"/>				

Present or Last Employer:	Your title or position	Employed	Pay Rate	Reason for leaving
<input type="text"/>		_____	\$ _____	<input type="text"/>
Address:	_____	From (mo/yr)	Start	
<input type="text"/>				
City, State, Zip Code:	_____	_____	\$ _____	
<input type="text"/>	Name & Title of Last Supervisor	To (mo/yr)	Final	
Phone:				
<input type="text"/>				

Present or Last Employer:	Your title or position	Employed	Pay Rate	Reason for leaving
<input type="text"/>		_____	\$ _____	<input type="text"/>
Address:	_____	From (mo/yr)	Start	
<input type="text"/>				
City, State, Zip Code:	_____	_____	\$ _____	
<input type="text"/>	Name & Title of Last Supervisor	To (mo/yr)	Final	
Phone:				
<input type="text"/>				

**Personal References**

Please list persons who know you well. Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone #	Number of Yrs. Known

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

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When can you start? \_\_\_\_\_

Total Hours available per week \_\_\_\_\_

Days available to work \_\_\_\_\_

**For Seasonal Employees Only:**

Do you have any commitments that would require you to request time off for more than 3 consecutive days? Y / N

If Yes, Please explain: \_\_\_\_\_

I CERTIFY THAT ALL OF THE INFORMATION THAT I PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE

\_\_\_\_\_  
Date

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



**APPLICANT'S STATEMENT AND AGREEMENT**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for not definite period, and my employment and compensation may be terminated by the *Cog Hill Golf & Country Club*, hereinafter called the "Company" (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of Company at all times and understand that such commitment is a condition of employment. I also understand that if I am employed, I will offer outstanding, above average customer service, which is Company's primary goal. Furthermore, in consideration for employment or continued employment with the Company, I understand that I may be required to submit to a medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks will result in withdrawal of any employment offer or termination of employment if already employed

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE