

2 Augusta Blvd.
Lakewood, NJ 08701
(732) 901-4900

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Please type or print in ink. Be sure to answer all questions. If any questions do not apply to you, please answer with a "No" or "Not Applicable (N/A)."

Name (Last) (First) (Middle)

Address (No. and Street) (City) (State) (Zip Code)

Home Phone Cell Phone

Social Security Number Date of Birth

ERCC LLC HIRES ONLY U.S. CITIZENS AND ALIENS AUTHORIZED TO WORK IN THE UNITED STATES

Are you a U.S. Citizen? _____
If no, are you lawfully authorized to work in the U.S.? _____

Have you ever been employed under a different name? _____

Previous Name (if applicable)

Position Desired Minimum Salary Requirements

How did you hear about this position? _____

Have you ever worked for this company before? _____

Where? _____ When? _____

Have you ever applied to this company before? _____

Where? _____ When? _____

Date you will be available if your application for employment is accepted: _____

Have you ever been convicted of a crime? _____

Please give details (if applicable) _____

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PREVIOUS EMPLOYMENT

Please list past employers in order, starting with the present

Employer #1

Employer's Name: _____
Address/Phone #: _____
Start Date: _____
End Date: _____
Basic Duties of Job: _____
Wages: _____
Reason for Leaving: _____
Supervisor's Name/Phone #: _____
May We Contact?: _____

Employer #2

Employer's Name: _____
Address/Phone #: _____
Start Date: _____
End Date: _____
Basic Duties of Job: _____
Wages: _____
Reason for Leaving: _____
Supervisor's Name/Phone #: _____
May We Contact?: _____

Employer #3

Employer's Name: _____
Address/Phone #: _____
Start Date: _____
End Date: _____
Basic Duties of Job: _____
Wages: _____
Reason for Leaving: _____
Supervisor's Name/Phone #: _____
May We Contact?: _____

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EDUCATION

School	Name	City & State	Years Completed	Subject of Specialization	Degree
Elementary					
High School					
College					
Business or Trade School					
Night or Other					

REFERENCES (OTHER THAN RELATIVES)

Name	Phone Number	Email	Occupation

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CONSENT FORM

PLEASE READ CAREFULLY

I, _____, understand by electronically signing this Consent Form that I represent and warrant the accuracy of this information and authorize management and their agents to: verify all information given, contact any or all references if needed, and to verify former employment as needed. By signing below, I also give permission to run a credit check, criminal background check and prior residency check. I also voluntarily agree to submit to a drug test if requested. I understand that either refusal to agree to the above mentioned or failure to qualify according to the minimum standards established by Eagle Ridge Country Club LCC will result in my being disqualified for employment.

I further understand that upon commencement of employment with Eagle Ridge Country Club LLC, I may again be required to submit to a drug test. I understand that refusal to take a requested drug test or failure to meet minimum standards may result in discharge.

I have read in full and understand the above statements and conditions of employment.

Sign & Date

****Copy of Driver's License/ID Required****