



LOST TREE CLUB, INC.

11520 Lost Tree Way
 North Palm Beach, FL 33408
 Personnel (561) 626-1501

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for employment regardless of membership in any protected group according to Federal and Florida Law.

This application will remain active for ninety (90) days. At the end of this period, you must reapply in person to express continuing interest in employment.

PLEASE PRINT Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency
 Walk In Other _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone (____) _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? If yes, give date _____ Yes No

Have you ever been employed here before? If yes, give date _____ Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are an authorized worker? Yes No

On what date would you be available for work? _____

Are you available to work Full time Part time Special Assignment

Are you on layoff and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

Approximate rate of pay expected: _____

Are you fully qualified to perform all essential duties of the job(s) for which you are applying? Yes No

If no, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please indicate _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION				
	ELEMENTARY	HIGH	COLLEGE UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Year Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment: _____

Summarize special skills and qualifications acquired from employment or other experience.

**EMPLOYMENT DATE: THIS SECTION SHOULD BE COMPLETED IN DETAIL,
ADDRESS MUST INCLUDE STREET, CITY, STATE, ZIP CODE.
A complete resume is an acceptable substitute.
Employment Dates MUST include MONTH and YEAR**

Employer: _____ From: _____ To: _____

Complete Address: _____
Street City State Zip

Supervisor: _____ Phone #: _____

Job Title: _____ Pay Rate: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Complete Address: _____
Street City State Zip

Supervisor: _____ Phone #: _____

Job Title: _____ Pay Rate: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Complete Address: _____
Street City State Zip

Supervisor: _____ Phone #: _____

Job Title: _____ Pay Rate: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Complete Address: _____
Street City State Zip

Supervisor: _____ Phone #: _____

Job Title: _____ Pay Rate: _____

Reason for Leaving: _____

THIS SECTION MUST BE COMPLETED

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation/affectionate preference, age, national origin, age, marital status, citizenship, disability, status as a disabled or war veteran or any other protected characteristic as established by law.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to conduct a consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal, or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of Lost Tree Club and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Lost Tree Club or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or General Manager), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of Lost Tree Club. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by Lost Tree Club in connection with the processing of my application during my employment if I am offered and accept the job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by Lost Tree Club will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by Lost Tree Club and is exclusively Lost Tree Club's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by Lost Tree Club.

I understand and acknowledge that any offer of employment which may be extended to me by Lost Tree Club, Inc., shall be expressly conditioned upon my signing a Mutual Agreement to Arbitrate Claims and that if I choose not to sign such an Agreement, the offer of employment shall be null and void.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____ Date _____

Accepted for Employment _____

Comments _____
