



Application for Employment

DIRECTIONS: TYPE OR PRINT, USING BLUE OR BLACK INK. DO NOT FORGET TO SIGN THE APPLICATION ON THE BACK PAGE.

Personal Information

| | | | | | |
|---|--|--------------------|---|--|------------------------------------|
| LAST NAME | | FIRST NAME | MIDDLE NAME | DATE OF APPLICATION | |
| CURRENT STREET ADDRESS | | | PHONE NO. - DAY () () () | PHONE NO. - EVENING () () () | ALTERNATE PHONE NO. () () () |
| CITY STATE, ZIP CODE | | | ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU OF LEGAL AGE TO SERVE ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU PREVIOUSLY WORKED FOR TROON? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| IF YES, LIST: | | | | | |
| DATES OF EMPLOYMENT | | LOCATION/CLUB NAME | | POSITION | SUPERVISOR'S NAME |
| IF HIRED, CAN YOU PROVIDE PROOF OR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF ANY FELONY CRIMINAL OFFENSE WITHIN THE PAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | IF YES, PLEASE EXPLAIN. | |

California applicants: Do not include convictions of marijuana over 2 years old.
Minnesota/Massachusetts/Hawaii applicants: Do not answer these questions until after completion of the interview process.

Note: A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed and rehabilitation will be taken into account.

Employment Desired

| | | | | |
|---|---------------|---|--|---|
| LIST POSITION APPLYING FOR: | | SOURCE OF REFERRAL: | | DESIRED WORK LOCATION(S): |
| CHECK EMPLOYMENT TYPE BELOW: | | <input type="checkbox"/> TROON ASSOCIATE <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> PROFESSIONAL PUBLICATION <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WEBSITE /ONLINE JOB SITE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER, PLEASE INDICATE: _____ | | |
| <input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR <input type="checkbox"/> ON-CALL <input type="checkbox"/> SEASONAL PART TIME <input type="checkbox"/> SEASONAL FULL TIME | DESIRED WAGES | DATE AVAILABLE TO START | SPECIFY YOUR AVAILABILITY, DAY OR EVENING SHIFTS; DAYS OF THE WEEK | PLEASE LIST ANY DAYS/TIMES YOU ARE UNABLE TO WORK |
| \$ _____ PER YEAR \$ _____ PER HOUR | | | | |

Employment Record

LIST MOST RECENT EMPLOYMENT FIRST

Note: Even if you have submitted a resume, you still need to complete the remaining sections. Please be sure to provide all of the requested information in order to ensure that your application will be considered.

| | | | | |
|--|----------|-----------------------------|-------------|---|
| START DATE | END DATE | FINAL POSITION TITLE | FINAL WAGES | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMPLOYER | | LAST SUPERVISOR'S FULL NAME | | REASON FOR LEAVING |
| EMPLOYER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | PHONE () () () |
| POSITION DESCRIPTION | | | | |
| START DATE | END DATE | FINAL POSITION TITLE | FINAL WAGES | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMPLOYER | | LAST SUPERVISOR'S FULL NAME | | REASON FOR LEAVING |
| EMPLOYER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | PHONE () () () |
| POSITION DESCRIPTION | | | | |

An Equal Opportunity Employer

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX/GENDER, SEXUAL ORIENTATION, RELIGION, CREED, DISABILITY (INCLUDING HIV STATUS), AGE, VETERAN STATUS, MARITAL STATUS OR EX-OFFENDER STATUS, OR ANY OTHER CATEGORY PROTECTED BY LAW. EMPLOYMENT IS CONTINGENT UPON FURNISHING EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY IN THE UNITED STATES

Employment Record Continued

| | | | | |
|--|----------|-----------------------------|-------------|---|
| START DATE | END DATE | FINAL POSITION TITLE | FINAL WAGES | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMPLOYER | | LAST SUPERVISOR'S FULL NAME | | REASON FOR LEAVING |
| EMPLOYER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | PHONE () |
| POSITION DESCRIPTION | | | | |

Education & Training

| | | | | |
|--|---|---------------------------------|---------------|------------------------------------|
| COLLEGE UNIVERSITY OR TECHNICAL SCHOOL | GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | TYPE OF DEGREE OR DIPLOMA | MAJOR SUBJECT | NAME OF SCHOOL CITY & STATE |
| | GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | TYPE OF DEGREE OR DIPLOMA | MAJOR SUBJECT | NAME OF SCHOOL CITY & STATE |
| HIGH SCHOOL LAST ATTENDED | GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | TYPE OF DEGREE OR DIPLOMA | MAJOR SUBJECT | NAME OF SCHOOL CITY & STATE |
| | GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | TYPE OF DEGREE OR DIPLOMA | MAJOR SUBJECT | NAME OF SCHOOL CITY & STATE |

LIST ANY SKILLS, LICENSES, COMPUTER SKILLS, EQUIPMENT KNOWLEDGE, TYPING, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT WITH US

ADDITIONAL LANGUAGES - LIST ONLY THOSE LANGUAGES YOU THINK YOU MIGHT USE FOR WORK PURPOSES:

| ENGLISH | | | OTHER – PLEASE LIST: | | | OTHER – PLEASE LIST: | | | | |
|---------|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|
| | FLUENT | GOOD | | FLUENT | GOOD | FAIR | | FLUENT | GOOD | FAIR |
| SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SPEAK | <input type="checkbox"/> | <input type="checkbox"/> |
| READ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | READ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | READ | <input type="checkbox"/> | <input type="checkbox"/> |
| WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WRITE | <input type="checkbox"/> | <input type="checkbox"/> |

PROFESSIONAL ORGANIZATIONS, INDUSTRY RELATED ASSOCIATIONS, HONORS, CERTIFICATIONS, AND PROFESSIONAL LICENSES YOU CONSIDER RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

References

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, YOU WILL PERMIT US TO CONTACT, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

| NAME/TITLE/RELATIONSHIP TO APPLICANT | LAST KNOWN ADDRESS | PHONE NUMBERS AND EMAIL ADDRESSES |
|--------------------------------------|--------------------|-----------------------------------|
| | | |
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| | | |

Authorization

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING TO TROON GOLF FOR CONSIDERATION.

My signature indicates my promise that the information provided in this application and any accompanying documentation, is true and complete. I understand that any false or misleading information, or significant omission, may disqualify me from consideration for employment; or if hired, may lead to my dismissal if discovered at a later date. I agree to immediately notify Troon if I should be convicted of a felony, or any crime involving dishonesty, breach of confidentiality, controlled substances, sexual misconduct, abuse or violence while my job application is pending, or during my employment, if hired. I agree to submit to drug testing as well as background checks, as part of the hiring process for certain positions with Troon; and will receive separate notice and release before any such test.

I grant Troon or its authorized agent, permission to obtain personal investigative reports on me, including, but not limited to statements made in this application, and on my resume if provided, character information, general reputation, education, and training certification. I hereby authorize and release from any legal liability, all persons, schools, and employers named in this application, to provide Troon with any information or opinion requested related to my potential employability. If hired, I understand that employment with Troon is at-will (for no definite period of time, and may be terminated at any time for any reason, with or without notice).

Applicant's Signature _____ **Date** _____