

THE BEDENS BROOK CLUB



240 Rolling Hill Road, Skillman, NJ 08558

APPLICATION FOR EMPLOYMENT

TODAY'S DATE ___/___/___

PRINT LEGIBLY IN INK

PERSONAL DATA

NAME (Last): _____

(First): _____ (Middle Initial) _____

CONTACT INFORMATION

STREET: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PH[Home]: () _____ - _____ PH[Cell]: () _____ - _____

E-MAIL: _____@_____•_____ How many yrs have you lived here? _____

if you lived at the above address less than 5 years, please list your address prior to the above

STREET: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYMENT INTERESTS

POSITION APPLIED FOR? _____

HOW DID YOU LEARN OF THIS POSITON? _____

HAVE YOU WORKED HERE IN THE PAST? _____ IF YES, WHEN? _____

IF HIRED ... (check all that apply)

1) Are you willing to work: ___ Full Time ___ Part Time ___ Evenings ___ Weekends ___ Holidays

2) Do you have reliable means of transportation to get to work? _____

3) Are you legally authorized to work in the United States? ___ YES ___ NO

4) What date will you be available to start work? ___/___/___

5) If you desire only seasonal work, what is the last date you can work? ___/___/___

FOR OFFICE USE ONLY:

Position/Title: _____ Dept: _____ Supervisor: _____

Status: ___ FT ___ PT **and** Months: ___ [12] ___ [less than 12] Est. Start Date: ___/___/___

Pay Rate: \$ _____ /HR. Signature: _____ Date: _____

HR ONLY: Tabb Final Rpt. Date: ___/___/___ Internal Ck. Rpt. Date: ___/___/___ & ___/___/___

Formal Offer Date: ___/___/___ Actual Start Date: ___/___/___

WORK HISTORY

CURRENT / MOST RECENT

EMPLOYER NAME: _____

POSITION / TITLE: _____

CONTACT INFORMATION

STREET: _____ SUITE / FLOOR# _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR / CONTACT INFORMATION

SUPERVISOR'S NAME: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____

MAY WE CONTACT THIS PERSON?

YES

NO

EMPLOYMENT DETAILS

START DATE: ____/____/____

STATUS: ____ FT ____ PT

END DATE: ____/____/____ or CURRENTLY EMPLOYED? _____

REASON FOR LEAVING? _____

DESCRIBE THE WORK YOU DID / DUTIES: _____

WORK HISTORY

PRIOR

EMPLOYER NAME: _____

POSITION / TITLE: _____

CONTACT INFORMATION

STREET: _____ SUITE / FLOOR# _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR / CONTACT INFORMATION

SUPERVISOR'S NAME: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____

EMPLOYMENT DETAILS

START DATE: ____/____/____

STATUS: ____ FT ____ PT

END DATE: ____/____/____

REASON FOR LEAVING? _____

DESCRIBE THE WORK YOU DID / DUTIES: _____

EDUCATION: HIGH SCHOOL

SCHOOL NAME: _____

CITY: _____ STATE: _____ DID YOU GRADUATE: _____

COLLEGE / UNIVERSITY / TECHNICAL SCHOOL

HIGHEST DEGREE ATTAINED: ___ TECH CERT. ___ ASSOCIATES ___ BA/BS etc. ___ MA/MS etc.

AREA / FIELD OF STUDY: _____

GPA [Overall]: _____ GPA [Major]: _____ TOTAL CREDITS:: _____

CONTACT INFORMATION

SCHOOL NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____

PLEASE PROVIDE THREE (3) REFERENCES THAT ARE NOT PAST EMPLOYERS OR RELATIVES.

PERSONAL REFERENCES #1

NAME: _____ #YEARS KNOWN? _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____ RELATIONSHIP? _____

PERSONAL REFERENCES #2

NAME: _____ #YEARS KNOWN? _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____ RELATIONSHIP? _____

PERSONAL REFERENCES #3

NAME: _____ #YEARS KNOWN? _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ EXT: _____

E-MAIL: _____ @ _____ . _____ RELATIONSHIP? _____

PLEASE READ

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability.

The American with Disabilities Act of 1990 as amended prohibits employers from discriminating against any qualified person on the basis of a disability. The Club makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The Club also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the Club can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform the prospective employer if you need a reasonable accommodation.** The Club may ask you for documentation to support your request for a reasonable accommodation. If you need a reasonable accommodation before the interview process begins, please inform the contact person to which you are applying.

The Bedens Brook Club is an Equal Opportunity Employer

Please be advised: After the initial interview and subsequent successful selection, a background check will be performed requiring additional forms to be promptly completed as part of our hiring process.

Please provide a phone number where and what time you may be contacted for an interview:

PHONE: () _____ - _____ **TIME:** ___Morning ___Afternoon ___Evening

I **CERTIFY** that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ Date: _____/_____/_____

*Thank you for completing this application form and
for your interest in employment with us.*