



We are proud to be a  
**DRUG-FREE**  
 workplace.  
 •••••  
**NOTICE TO APPLICANTS**  
 Screening to test for illegal drug use is required as a condition of employment

## OB SPORTS GOLF MANAGEMENT EMPLOYMENT APPLICATION

**To Applicant:** We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in placing you in future positions.

OB Sports Golf Management (OB Sports) is an equal opportunity employer. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination solely on the basis of a person's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition (including, but not limited to, cancer related or HIV related), marital status, sex, gender (including sex stereotyping), age, sexual orientation, military status, or any other protected status except where a reasonable, bona fide occupational qualification exists.

**Answer all questions - Please print**

**Date of Application:** \_\_\_\_\_

First Name	M.I	Last Name		
Address Street and Number	City	State	Zip	Area Code and Telephone ( )

Position Applied For	Salary Expectations
Type of Position Requested Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal    Date Available to work: _____ *Based on the needs of the business hourly positions at OB Sports may be variable hour positions. Hours will fluctuate and are not guaranteed.	
How did you learn about the position for which you are applying?	
Have you been previously employed by OB Sports or any of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate when and for what position(s): Title _____ Dept. _____ From _____ To _____	
Have you applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate when and for what position(s):	
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please state: Name _____ Department _____	

**Employment Record** - (Please list your last two employers starting with current or most recent, include self-employment, military service, and part-time jobs. You may also include job-related volunteer experience.)

1. Present or Last Employer		Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name		Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title(s)				Reason for Leaving	
2. Employer		Address	City	State	Zip
From: Mo/Yr	To: Mo/Yr	Supervisor's Name		Last Hourly Rate/Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title(s)				Reason for Leaving	

**Education**

Name High School Vocational / College / University	City and State	Major	Grade Point Average	Degree/ Diploma/ Certificate

List any scholarships, academic honors, or special achievements

**Computer / Business Systems Skills** (Please indicate any office machine skills you have acquired through training and/or experience)

Software Packages (list any that you are proficient with) \_\_\_\_\_

Business Systems – IBS; Jonas, etc:

**Military Service**

Branch	Rank	Period of Duty

**Civic/Professional/Trade Association Memberships/Activities**

\_\_\_\_\_

\_\_\_\_\_

**References:** Please provide the names of three persons not related to you whom you have known at least one year:

NAME	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN
1.				
2.				
3.				

**Summary**

Are you legally permitted to work in the United States? (Employment will be contingent on providing proof or work authorization)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you less than 18 years old? If yes, state age: _____ (Proof of age may be required after job offer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you require a reasonable accommodation to perform your essential job duties? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your previous employers for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been known by any other name(s) that our staff may require to verify you education and employment records as furnished in this application? If yes, identify name (s). _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please read the following statements carefully before signing this application:**

I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that if employed, I will be required to abide by all company policies, standards, and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this company is "at will," and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the company may terminate my employment at any time, for any reason.

I understand that OB Sports is a drug-free workplace. I further understand and agree that a pre-employment drug-screen is required of all individuals offered a position at OB Sports, and that I may also be required to perform a drug and alcohol screening test during my employment. I hereby give my voluntary consent for a urine sample to be collected from me and submitted for testing for that purpose. I also consent to the release of the test result to OB Sports for its confidential use. I understand that any positive drug or alcohol result will preclude my employment.

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**Signature**

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**Date**