



INDIAN TRAIL CLUB
 830 Franklin Lake Road, Franklin Lakes, NJ 07417
 Phone (201) 891-4480 Fax (201) 891-0211

EMPLOYMENT APPLICATION

Name _____	Position Applying For _____
Address _____ _____	Part-time or Full-time _____
City, State, Zip _____	Date of Birth (if under 18) _____
_____	Date of Application _____
Social Security # _____	Date Available to start work _____
Home Phone # _____	Dates unavailable to work _____
Current Phone # _____	_____
Email: _____	_____
Have you ever been employed here before? _____	Dates: _____
List names of any friends or relatives, who work here? _____	

EMPLOYMENT EXPERIENCE

1.	
Employer: _____	Dates Employed: From: _____ To: _____
City & State: _____	Hourly Rate/Salary: Starting: _____
Job Title: _____	Ending: _____
Supervisor: _____	Work Performed: _____
Phone #: _____	_____
Reason For Leaving: _____	_____
 2.	
Employer: _____	Dates Employed: From: _____ To: _____
City & State: _____	Hourly Rate/Salary: Starting: _____
Job Title: _____	Ending: _____
Supervisor: _____	Work Performed: _____
Phone #: _____	_____
Reason For Leaving: _____	_____
 3.	
Employer: _____	Dates Employed: From: _____ To: _____
City & State: _____	Hourly Rate/Salary: Starting: _____
Job Title: _____	Ending: _____
Supervisor: _____	Work Performed: _____
Phone #: _____	_____
Reason For Leaving: _____	_____

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience: _____

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

If yes, explain _____

Are you a veteran of the U.S. military service? Yes _____ No _____

If yes, which branch of U.S. military service? _____

List Professional, trade, business or civic activities and office held _____

List the name, address and phone number of three references not related to you:

EDUCATION

Describe Specialized Training, Apprenticeship, Skills, Honors and Extra-Curricular Activities: _____

	Elementary	Secondary	College/University	Graduate/Professional
Name of School				
Year Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes _____ No _____

Remarks: _____

Hired: Yes _____ No _____

Interviewer _____ Date _____

Date of Employment: _____

Position Hired For: _____ Hourly Rate/Salary: _____ Department _____

Supervisor: _____

Name and Title

Date