



**Instructions:** Please **PRINT** and list every position that you have held for the past ten years starting with your present or most recent position. Account for all periods of unemployment.

**Employment Background:** Present or most recent position.  
reference?

May we contact your present employer for a

Employer: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed From (Mo/Yr): \_\_\_\_\_

Your current or last position and responsibilities: \_\_\_\_\_

Employed To (Mo/Yr): \_\_\_\_\_

\_\_\_\_\_

Starting base pay: \_\_\_\_\_

Your starting position and responsibilities: \_\_\_\_\_

Ending base pay: \_\_\_\_\_

Other compensation (incentive pay, commissions, bonuses, etc.): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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**Employment Background:** Previous position.

Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employed From (Mo/Yr): \_\_\_\_\_

Address: \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Starting base pay: \_\_\_\_\_

Your current or last position and responsibilities: \_\_\_\_\_

Ending base pay: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your starting position and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other compensation (incentive pay, commissions, bonuses, etc.): \_\_\_\_\_

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**Employment Background:** Previous position.

Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Employed From (Mo/Yr): \_\_\_\_\_

Address: \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Starting base pay: \_\_\_\_\_

Your current or last position and responsibilities: \_\_\_\_\_

Ending base pay: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your starting position and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other compensation (incentive pay, commissions, bonuses, etc.): \_\_\_\_\_

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**References:** List individuals whom we can contact and who can attest to your professional ability and work accomplishments. Do not include friends or relatives.

Name & Title:	Company, City, & State:	Yrs Known	Reference's Business Relationship to you:	Business Area Code & Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Background Information:** Have you ever been employed by Scottsdale Golf Group or subsidiary companies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and location:

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Do you have relatives employed by Scottsdale Golf Group or subsidiary companies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name(s) and location(s):

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Have you ever been convicted of a felony, using your current name or any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below. Include date and full name under which you were convicted. Conviction will not necessarily disqualify an applicant from employment.

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**EEOC Policy Statement.**

Scottsdale Golf Group seeks, in all of its operations, to employ individuals for available positions on the basis of their qualifications, working knowledge, and competency. Scottsdale Golf Group has a continuing commitment to ensure that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

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**Certifications.**

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with Scottsdale Golf Group at any time for any reason, and that my employment may be terminated by Scottsdale Golf Group at any time for any reason. I also understand that any handbooks, manuals, policies, and procedures maintained by Scottsdale Golf Group are not contractual in nature, and may be amended or abolished at the sole discretion of Scottsdale Golf Group at any time.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical histories; and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional employment offer has been extended.)

I hereby release employers, schools, health care providers, and other person from any and all liability in responding to inquiries and releasing information in connection with my application.

Further, should I become an employee of Scottsdale Golf Group, I will abide by the terms of Scottsdale Golf Group's policy with regard to Drugs, Narcotics, and Alcohol, will adhere to Scottsdale Golf Group's Business Ethics Policy, and will conduct the Corporation's business in a strictly ethical and legal manner. I will, in addition, obey all of the laws of the United States and of all localities and states where Scottsdale Golf Group does business or seeks to do business.

Pursuant to the Immigration Reform and Control Act, Scottsdale Golf Group employs only those individuals who are eligible to work in the United States. Accordingly, upon hiring and as a new employee, I understand I will be required to demonstrate my eligibility to work in the United States. Failure to do so will result in termination or revocation of the employment offer.

I also certify that the information furnished in this application, and any and all entries and information, were completed by me and that all supporting documents are true and complete to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material fact on this or any other record submitted pertinent to employment will constitute grounds for immediate dismissal.

Date: \_\_\_/\_\_\_/\_\_\_      Print Name: \_\_\_\_\_      Signature of Applicant: \_\_\_\_\_

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