

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

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** _____