



CENTURY GOLF PARTNERS MANAGEMENT
CGPM/WMC OPERATING, LLC

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (Please Print) Last First Middle SOCIAL SECURITY NUMBER

ANY OTHER NAME USED FOR WORK OR SCHOOL? PLEASE NOTE (Maiden Name) DRIVER'S LICENSE# STATE

PRESENT ADDRESS Street City State Zip Code HOME PHONE NUMBER

WORK PHONE NUMBER

LIST ALL CITIES AND COUNTIES RESIDED, EMPLOYED, AND/OR ATTENDED SCHOOL FOR THE LAST SEVEN YEARS

IN CASE OF AN EMERGENCY, PLEASE NOTIFY Name Relationship Telephone Number

ARE YOU UNDERAGE 18? ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? (Proof of citizenship or immigration status will be required prior to employment.)

HAVE YOU BEEN EMPLOYED BY US BEFORE? DO YOU ENGAGE IN THE ILLEGAL USE OF DRUGS? (for example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)

ARE YOU WILLING TO BE TESTED FOR ILLEGAL USE OF DRUGS?

DO YOU HAVE ANY RELATIVES CURRENTLY IN OUR EMPLOY? If yes, name of relative

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, RECEIVED DEFERRED ADJUDICATION, OR HAD A CONVICTION SET ASIDE IN A MATTER OTHER THAN A MINOR TRAFFIC OFFENSE, INCLUDING FELONIES AND/OR MISDEMEANORS? Explain all occurrences in detail below. A conviction will not necessarily result in denial of employment.

JOB PREFERENCES

POSITION APPLYING FOR:

TYPE OF EMPLOYMENT DESIRED Full Time Part Time Weekends Seasonal DATE AVAILABLE TO WORK

SALARY DESIRED LOCATION PREFERRED ARE YOU AVAILABLE FOR ON-CALL WORK?

Times Available to work (please indicate whether "a.m.", "p.m.", or "any")

Table with 7 columns: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

This employer requires drug testing prior to employment. This company is an equal opportunity employer and does not discriminate in its employment on the basis of race, color, sex, religion, national origin, age or disability or on the basis of any other classification protected by Federal, state or local statute, regulation or ordinance.

JOB SKILLS

SPECIAL SKILLS (Please check all that apply) Typing _____ wpm Computers
 Shorthand/Speedwriting _____ wpm Switchboard _____ type
 Ten Key Word Processor

LIST ALL WORD PROCESSOR AND/OR COMPUTER EQUIPMENT FAMILIAR WITH _____

LIST ANY SKILLS, VOCATIONAL LICENSES OR CERTIFICATIONS THAT RELATE TO JOB APPLIED FOR _____

HAVE YOU FILED AN APPLICATION HERE BEFORE? Yes No If yes, date/location _____

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION? Yes No If yes, explain _____

HAVE YOU BEEN IN THE UNITED STATES MILITARY SERVICE? Yes No If yes, Dates of Service _____

HONORABLE DISCHARGE? Yes No Branch _____ Rank _____

Military Experience _____

EDUCATION

(City, State)	School	Location	Major	Did You Graduate?	Degree	Circle Last Year Completed
	High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 2 3 4
	College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 2 3 4
	Graduate School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 2 3 4
	Trade, Business or Vocational School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	1 2 3 4
	Other Training School	_____	_____		_____	1 2 3 4

DO YOU PLAN FUTURE EDUCATION? Yes No If yes, please specify _____

REFERENCES

LIST THREE PERSONS OTHER THAN RELATIVES

Name	Occupation	Address & Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REFERRED TO THIS COMPANY THROUGH Newspaper Employee Employment Agency Technical School Other

Specify the employee name or source of referral: _____

EMPLOYMENT RECORD

Please complete the following information for the past seven (7) years of employment, even if you have provided a resume. Begin with your present and most recent employer and **do not leave any gap in time.** Give exact reasons for leaving each position.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? Yes No

Employer _____ Job Title _____

Address _____ Phone Number _____
Street City State

Description of Duties _____

Beg. Salary _____ Ending Salary _____ Name and Title of Supervisor _____

Dates of

Employment: From _____ To _____ Reason for Leaving _____

Employer _____ Job Title _____

Address _____ Phone Number _____
Street City State

Description of Duties _____

Beg. Salary _____ Ending Salary _____ Name and Title of Supervisor _____

Dates of

Employment: From _____ To _____ Reason for Leaving _____

Employer _____ Job Title _____

Address _____ Phone Number _____
Street City State

Description of Duties _____

Beg. Salary _____ Ending Salary _____ Name and Title of Supervisor _____

Dates of

Employment: From _____ To _____ Reason for Leaving _____

Employer _____ Job Title _____

Address _____ Phone Number _____
Street City State

Description of Duties _____

Beg. Salary _____ Ending Salary _____ Name and Title of Supervisor _____

Dates of

Employment: From _____ To _____ Reason for Leaving _____

Comments explaining employment gaps: _____

CERTIFICATION OF EMPLOYMENT APPLICATION

I understand that this employer requires a pre-employment urine drug screen and background check. Failure to consent to the urine drug screen and background check will be considered withdrawal of my application for employment. I also understand that if my drug screen results are positive and/or my background check is not deemed acceptable by this employer, I will be ineligible for employment.

My employment shall be in accordance with the terms of (a) this application, (b) Company rules and regulations and any amendments thereto, and (c) any applicable labor agreements. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

I understand that my employment is not for a specific term and can be terminated by me or by the Company at any time for any reason, with or without cause, its only obligation being to pay wages or salary earned by me up to the time of my termination. Without limitation, failure to abide by Company rules and regulations or the falsification or omission of any information given by me in this application will entitle the Company to terminate my employment. No representation concerning my employment with the Company has been made to me. I understand that the terms of my employment may not be changed by oral or written representation unless an officer of the Company executes such in writing.

I agree that employment will be contingent upon the Company's determination that I meet all of the position's requirements.

The Company shall have the right at any time after termination of employment to furnish to others information concerning my employment record with the Company, including the information contained in this application.

I agree to not disclose or make use of any of the Company's trade secrets, proprietary information, and confidential or restricted information to anyone outside the Company without specific authorization from the Company during the term of my employment. I agree to be bound by the Company rules governing Company trade secret usage and will not use Company trade secrets outside the scope of my employment. I further agree to not disclose or use the Company's trade secrets, proprietary information, and confidential or restricted information for any purpose after my employment with the Company is terminated.

I will cooperate in any Company investigation by giving true and complete answers to all questions and by complying with all other requests for assistance.

I understand that as part of CGPM/WMC Operating, LLC's procedure for processing my employment application, a report may be prepared whereby information is obtained through background interviews with former employers, friends, or others with whom I am acquainted. This inquiry includes information as to my employment history, character, and general reputation. By my signature below, I am authorizing CGPM to contact those persons identified to obtain this information.

By signing this application, I agree: This application is complete and accurate to the best of my knowledge and I have not made any attempt to conceal information. Any falsification of information given by me in connection with my application will be cause for denial of employment or dismissal regardless of when discovered. If I am offered and accept employment with this Company, I agree that my employment will be terminable at will by me or by the Company, without the requirement of cause.

SIGNATURE OF APPLICANT _____

DATE _____

PRINTED NAME OF APPLICANT _____