

KAHLER GOLF

451 27th Avenue ♦ Amana, IA 52203

EMPLOYMENT APPLICATION

First Name	Initial	Last Name	Social Security Number	Phone Number
Street		City	State	Zip
Date Of Birth				
Email Address				

AVAILABILITY

Date You Can Start: _____ Salary Desired: _____ Expected Last Day to Work: _____

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

EDUCATION

High School/College	City, State	Phone Number	Teacher or Counselor	GPA	Current Grade	Year Graduated
Sports/Activities						

REFERENCES

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*

WORK EXPERIENCE

Start with your most recent employer. May we contact these employers Yes No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

IN CASE OF EMERGENCY NOTIFY

Name: _____
Phone Number: _____

Address: _____
Relationship to Employee: _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE LEGENDS CLUB GRILL, LLC TO OBTAIN MY BACKGROUND REPORT, INCLUDING INVESTIGATIVE CONSUMER REPORTS. I ALSO AGREE THAT A COPY OF THIS FORM IS VALID LIKE THE SIGNED ORIGINAL. _____ **INITIAL HERE**

IN COSIDERATION OF MY EMPLOYMENT I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOY- MENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING."

DATE _____ APPLICANT APPROVAL _____

Kahler Golf is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against qualified individuals with disabilities.

For Hiring Manager Use Only:

References verified by: _____ Date: _____ or

Referred by: (name referring person and relationship to applicant)

Department (1): _____ Department (2): _____ Department (3): _____

Position (1): _____ Position (2): _____ Position (3): _____

Hourly Wage (1): _____ Hourly Wage (2): _____ Hourly Wage (3): _____

Date Reported to Work: _____

Key required: ____yes ____no Alarm Code required: ____yes ____no

Manager Approval _____ Date _____

For Office Use Only:

Background Check Complete date _____ initials _____

POS Entry date _____ initials _____

Employee PIN

Security

F&B Security

Employee ID

ADP Entry date _____ initials _____

I9

W4

Direct Deposit

Email Managers

Email Employee

Copy of Handbook Handbook Acknowledgment Form Received

ADP online access instructions

PIN number

Tips on Tips

Tobacco Education Material Tobacco Training Acknowledgment Form Received