



If your application is considered favorably, on what date will you be available for work?: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Have you even been convicted of or pleaded guilty or no contest to committing any crime? (Note: you may omit speeding tickets or non-moving violations; however you must report any "under the influence" convictions or pending cases. If yes please explain: \_\_\_\_\_

Do you have any unresolved arrests, warrants or pending criminal charges against you; if yes please explain in full: \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Make & Model \_\_\_\_\_

License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

## RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED				GRADUATE?	DEGREE
			5	6	7	8		
ELEMENTARY		N/A	5	6	7	8		
HIGH SCHOOL		N/A	1	2	3	4		
COLLEGE			1	2	3	4		
OTHER			1	2	3	4		

# PREVIOUS EMPLOYMENT

List ALL previous employment for the past 10 years, starting with your most recent/last position, including military experience and work background. If you have a resume, please attach so that we may receive a full description of your duties and scope of responsibility. Please include any volunteer work or other job related training on any skills or abilities that you have developed. Please account for any time during this period that you were unemployed or between positions. Please indicate if you have ever been employed under a different name.

Are you currently employed? \_\_\_\_\_ Eligible for rehire? \_\_\_\_\_

NAME & ADDRESS OF COMPANY	START	M	Y	END	M	Y	POSITION DESCRIPTION	SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
PHONE #:										

NAME & ADDRESS OF COMPANY	START	M	Y	END	M	Y	POSITION DESCRIPTION	SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
PHONE #:										

NAME & ADDRESS OF COMPANY	START	M	Y	END	M	Y	POSITION DESCRIPTION	SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
PHONE #:										

NAME & ADDRESS OF COMPANY	START	M	Y	END	M	Y	POSITION DESCRIPTION	SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
PHONE #:										

May we contact the employers listed above? \_\_\_\_\_  
 If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_

## REFERENCES

Please complete the information below for three (3) business/work references that are not a family member to you and are not previously listed supervisors. Providing this information means that you give CCCC the permission to contact those individuals listed.

NAME AND OCCUPATION	ADDRESS	TELEPHONE

## MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, What Branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
(M/D/Y) (M/D/Y)

List duties in the service including special training: \_\_\_\_\_

\_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_

If Yes, What training did you take? \_\_\_\_\_

## DISCLAIMER & SIGNATURE

I certify that all of the information given by me on the Application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements on this Application or supplemental forms are sufficient cause for my dismissal if I am hired.

I understand that none of CCCC policies or practices are to be construed as imposing or binding obligations on Cattail Creek, and that they are subject to change or deletion at any time by CCCC in its sole discretion.

I acknowledge that CCCC reserves the right to require tests for alcohol or drugs during the course of my employment with consistent applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination to release such information to CCCC. Drug tests with positive outcomes for any illegal substance will result in disciplinary action, up to and including termination of employment.

I understand that should I be employed by CCCC, my employment is "at-will". "At-will" means that either party may end the relationship at any time for any reason, with or without notice. There is no promise or guaranty of employment or that my employment will continue for a specific period of time.

I understand that CCCC may contact past employers, educational institutions, various government databases and references for verification of the information listed in this Application, or provided by me on supplemental documents, and I authorize any such organizations or individuals to provide the requested information. I also understand that any offer of employment I may receive is conditioned upon me successfully completing to CCCC's satisfaction, the Club's background check (including but not limited to: criminal, financial, civil, education) as well as any applicable fit-for position or other tests CCCC requires for the position I am seeking.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge that I have read and understand each of the above statements.

### FOR MARYLAND RESIDENTS ONLY

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of misdemeanor and subject to a fine not to exceed \$100. I hereby acknowledge that I have read and understand this statement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_