



# New Hire Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*For Management*

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Full Time [ ]

Part Time [ ]

Seasonal [ ]



## Cypress Point Country Club

5340 Club Head Rd  
Virginia Beach, VA 23455  
Phone: (727) 490-6300  
Fax: (757) 671-8695

# Cypress Point CC

Rate of Pay: \_\_\_\_\_

Start Date: \_\_\_\_\_

Department: \_\_\_\_\_

Mgr. Approval: \_\_\_\_\_

## Employment Application

APPLICANT INFORMATION			
Last Name		First	MI
Street Address			
City		State	Zip
Home Phone	Cell Phone	email address	
Date Available			Desired Salary
Position Applied for		Course Location:	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, explain			Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any child support orders ? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what state(s)			

Education			
High School		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade School		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

References	
<i>Please list three professional references</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

Over =>

**Previous Employment**

Company		Supervisor	
Address		Phone ( )	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Supervisor	
Address		Phone ( )	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Supervisor	
Address		Phone ( )	
Job Title	Starting Pay \$	Ending Pay \$	
Responsibilities			
From	To	Reason for leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Military Service**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. By signing this application I give consent for a background check. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

**We are an equal opportunity employer. We will not discriminate against any employee or applicant because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona-fide occupational qualification/consideration reasonably necessary to the normal performance of the job.**