



# **MISSION HILLS COUNTRY CLUB**

**APPLICATION FOR EMPLOYMENT**

# Mission Hills Country Club

## APPLICATION FOR EMPLOYMENT

MISSION HILLS COUNTRY CLUB is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion or religious creed, non-job related disability or the use of a guide or support animal due to deafness, blindness or physical disability, national origin, ancestry, gender or veteran status or any other characteristic protected under Federal, State or local law.

This application shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information	
Name (Last, First, Middle)	Date of Application
Have you ever worked under another name? If so, enter below:	
Present Address (Street, City, State, Zip)	Telephone Number with Area Code
Permanent Address (If same as above, enter "same")	Telephone Number with Area Code
Are you available to work: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Full Time</span> <span><input type="checkbox"/> Part Time</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Overtime</span> <span><input type="checkbox"/> Temporary</span> </div>	Date Available
Position Applying for	
Salary Requirements	

General Information		
<b><i>Please check yes or no:</i></b>	<b>Yes</b>	<b>No</b>
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>

Training and Skills
Special training, skills or experiences related to the position applied for which you feel may especially qualify you for work with our company: Please list any machinery you operate, of software with which you are familiar.

EDUCATION				
Name	Location and Telephone	Course	Graduate	Degree
High School/GED			Yes or No	
College				
Post Graduate				

WORK EXPERIENCE (MOST RECENT)		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

BUSINESS REFERENCES			
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number

Are any of your family members at MHCC? If yes, please name.

Referred by:	
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**READ CAREFULLY BEFORE SIGNING BELOW**  
*(Signature required in order to be considered for employment.)*

- I understand that MISSION HILLS COUNTRY CLUB will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that Mission Hills Country Club would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
- I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
- I understand that a negative result to a pre-employment drug test may be required in order to be employed. In addition I understand that I must comply with the company's Substance Abuse policy.
- I understand that a background check may be performed as a condition of employment. I authorize MISSION HILLS COUNTRY CLUB and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release MISSION HILLS COUNTRY CLUB from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to MISSION HILLS COUNTRY CLUB
- I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
- I acknowledge that if I am employed by Mission Hills Country Club my employment will be at-will, that I will be required to follow all rules and regulations of Mission Hills Country Club and that my employment may be terminated with or without cause, with or without notice, at the option of myself or Mission Hills Country Club. No one other than the Executive Director has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
- I certify that I have read or have had read to me, items 1, 2, 3, 4 and 5 above. I understand the contents and hereby acknowledge receipt of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## “APPLICANT MUST KEEP”

Para información en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

### Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or write: FTC, Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The Fair Credit Reporting Act (FCRA) gives you specific rights when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the rights designed to help you recover from identity theft.

1. You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft. A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1-800-525-6285; [www.equifax.com](http://www.equifax.com)
- Experian: 1-888-EXPERIAN (397-3742); [www.experian.com](http://www.experian.com)
- TransUnion: 1-800-680-7289; [www.transunion.com](http://www.transunion.com)

An initial fraud alert stays in your file for at least 90 days. An extended alert stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an *identity theft report*. An identity theft report includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the *identity theft report*, visit [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft).

2. You have the right to free copies of the information in your file (your “file disclosure”). An initial fraud alert entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an extended alert entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect signs of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also have the ability to obtain additional free file disclosures under other provisions of the FCRA. See [www.ftc.gov/credit](http://www.ftc.gov/credit).

3. You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information. A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It also may specify an address for you to send your request. Under certain circumstances, a business can refuse to provide you with these documents. See [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft).

4. You have the right to obtain information from a debt collector. If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.

5. If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file. An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your *identity theft report*. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.

6. You also may prevent business from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft. To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an *identity theft report*.

To learn more about identity theft and how to deal with its consequences, visit [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) , or write to the FTC. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state attorney general.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at [www.ftc.gov/credit](http://www.ftc.gov/credit) .

- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: <a href="mailto:ConsumerHelp@FederalReserve.gov">ConsumerHelp@FederalReserve.gov</a>
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture