



Athens County Club
2700 Jefferson Rd.
Athens GA 30667

Employment Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Full Time or Part Time: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Were you referred to us by anyone that Works here? YES NO If yes, who? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment position. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not the applications are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer?

Signature: _____ Date: _____

For Personnel Department Use Only:

Will employee be Part Time or Full Time: _____ Job Title: _____

Hourly/Salary Rate: _____

Department(s): _____

Hired by (name and title): _____ Date: _____

Employee Availability/Change of Availability Request Form

EMPLOYEE: Show the times and days you are available for work. Whenever your schedule changes, request this form, complete it and return it to your manager or supervisor. Any changes must be presented to a manager or supervisor 10 days in advance.

Employee Name: _____ Position: _____

Employee Signature: _____ Date: _____

I am available to work the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
From							
To							

If there are changes to original availability make changes below (manager must approve changes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
From							
To							

Manager Initials: _____

Notes/Explanations: (ex.: School Mon-Fri 7:00 AM-3:00PM)

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

CHECK ONE BOX

This authorization is valid for _____ days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER



DISCLOSURE AND AUTHORIZATION

In connection with my application for employment/housing (including contract for services or volunteer services) or tenancy with, Athens Country Club, these consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit report (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: HR TruCheck, (DSI) located at 3525 Hwy. 138 SW Stockbridge, Georgia 30281, toll free telephone number of 866.773.3675, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and HRTC, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report (s); and the recipients of any reports on me which HRTC has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from HRTC. You may view their privacy policy at their website: (www.HRTruCheck.com).

I hereby authorize procurement of consumer report (s) and investigative consumer report (s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota, and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact HRTC during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at HRTC's offices, which address is listed above. You can have someone accompany you to HRTC s offices. HRTC may require this third party to present reasonable identification.

You may be required at the time of such visit to sign an authorization for HRTC to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to HRTC; and 4) HRTC has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law

(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Print Name (Clearly)

Social Security Number

Applicant's Signature

Date of Birth

Date

Maiden Name or Any other names used?

Driver's License Number: State

Name as it appears on DL if different than above:

Race: Gender: M / F

Mailing Address City

Current County: State: Zip Code

Previous County(s)

Requestor Information:

Name: Billie Jean Jones

Email: bjones@athenscountryclub.com

Phone Number: Fax:

Position Applied For:

Please select service(s) needed for this applicant:

- Ga State Repository search (GCIC) Statewide Criminal Search-List States: Social Security Trace Nationwide criminal search Sex Offender Register Federal Criminal Records Credit Check MVR-driver record OFAC County Criminal-List Counties: Education Verification (provide information) Professional License search (Provide License # and State) Previous Employment verification (Provide previous employers) OIG OFAC Terrorist List Other:

Information contained in this document is strictly Confidential and is not to be shared with anyone outside the scope of this inquiry. Violation of this policy may result in either termination of employment, civil proceedings, and/or criminal prosecution.