



# Employment Application

The Club at UK's Spindletop Hall

3414 Ironworks Pike  
Lexington, KY 40511

Last Name		First Name		Middle Initial	
Address	Street	City	State	Zip	
Telephone Number			Social Security Number		
Cell Number					
Emergency contact name					
Emergency contact Telephone Number			Email		

Position(s) Applied For: (in order of preference)		
1.	2.	3.
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Where? _____		
<input type="checkbox"/> Employment Agency		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

Have you ever been employed with us before?

Yes  No

If Yes, give dates: \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.*

Yes  No

On what date would you be available for work?

Are you available to work:

Full Time  Part Time  Weekends  Temporary

\_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?

Have you been convicted of a felony within the last 5 years?

*Conviction will not necessarily disqualify an applicant from employment*

If yes, please explain:

Yes  No

Yes  No

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School			9   10   11   12	
Technical School				
College			1   2   3   4	
Graduate/ Professional			1   2   3   4	
Other				

## EMPLOYMENT EXPERIENCE

<b>Employer</b>	<u>Dates Employed</u>		Work Performed
Address	From	To	
Telephone Number			
Job Title	Supervisor	<u>Hourly Rate/Salary</u>	
Reason for Leaving	Starting	Final	
<b>Employer</b>	<u>Dates Employed</u>		Work Performed
Address	From	To	
Telephone Number			
Job Title	Supervisor	<u>Hourly Rate/Salary</u>	
Reason for Leaving	Starting	Final	
<b>Employer</b>	<u>Dates Employed</u>		Work Performed
Address	From	To	
Telephone Number			
Job Title	Supervisor	<u>Hourly Rate/Salary</u>	
Reason for Leaving	Starting	Final	

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Spindletop Hall is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, age, disability, veterans' status or sexual orientation.

## ADDITIONAL INFORMATION

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience. Please include all computer and software skills.


## REFERENCES

List name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

## APPLICANT'S STATEMENT

I certify that answers given therein 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 decision. I understand that the interview process may include reference and background checks, verification of I-9 information, employment and education, degrees, licenses and certifications. My signature below indicates my acceptance to these checks.

The application for employment shall be considered active for the current season. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Spindletop Hall, Inc. 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 not 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 of Applicant)

\_\_\_\_\_  
Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Salary \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate (month/day) \_\_\_\_\_

References Contacted:

Company \_\_\_\_\_ Contact Person \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Contact Person \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Contact Person \_\_\_\_\_ Date \_\_\_\_\_

TRAINING PROGRAMS

DATE COMPLETED

 Orientation

\_\_\_\_\_

 CPR

\_\_\_\_\_

 HAZMAT

\_\_\_\_\_

 TIPS

\_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_