

# Escalante Golf, Inc.

9850 Divot Trail  
Colorado Springs, CO 80920  
Phone 719-594-9999

## APPLICATION FOR EMPLOYMENT

Escalante Golf, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that the selection decisions be based on job-related factors.

Name (First, Middle Initial, Last)	Social Security Number
Street Address	Home Phone Number
City, State, Zip	Business / Other Phone
Position Applying For	Today's Date

### General Information

Applying For <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Date Available to Begin Employment
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can you provide proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Fair <input type="checkbox"/> Other <input type="checkbox"/> Walk-In <input type="checkbox"/> School Career Center <input type="checkbox"/> Agency Name: _____ <input type="checkbox"/> Escalante Golf, Inc. Employee Name: _____	
Have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the name(s):
If hired, can you provide proof that you are eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously applied for employment with Escalante Golf, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you previously been employed with Escalante Golf, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Do you have relatives currently employed with Escalante Golf, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Have you ever been fired from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you ever been convicted of a crime, felony or misdemeanor in a court of law or convicted through a court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction does not automatically disqualify you from employment consideration)	
If yes, list the type and date of conviction: (Do not include arrests, court martials, or charges that did not result in a conviction)	

## Education

Educational Institution	Name and Location	Dates		Major	Years Completed	Did you Graduate?
		From	To			
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University						<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University						<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other						<input type="checkbox"/> Yes <input type="checkbox"/> No

List any professional certifications, completed training courses, special coursework or job training you possess.

List professional, trade, business or civic activities and office held. (Do not include labor organizations and membership that reveals race, color, religion, national origin, sex, age, disability or other protected status)


## Employment Experience (Please complete this section even if you attach a resume)

Name of Current/Most Recent Employer	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Pay	Ending/Current Pay

Describe the Responsibilities of your position

Name and Title of Immediate Supervisor	Supervisor's Phone ( )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason(s) for Leaving		

Name of Employer	Starting Date	Ending Date
Address	Starting Position	Ending Position
City, State, Zip	Starting Pay	Ending Pay
Describe the Responsibilities of your position		

Name and Title of Immediate Supervisor	Supervisor's Phone ( )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason(s) for Leaving		

Name of Employer	Starting Date	Ending Date
Address	Starting Position	Ending Position
City, State, Zip	Starting Pay	Ending Pay
Describe the Responsibilities of your position		

Name and Title of Immediate Supervisor	Supervisor's Phone ( )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason(s) for Leaving		

Name of Employer	Starting Date	Ending Date
Address	Starting Position	Ending Position
City, State, Zip	Starting Pay	Ending Pay
Describe the Responsibilities of your position		

Name and Title of Immediate Supervisor	Supervisor's Phone ( )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason(s) for Leaving		

Add additional sheets if necessary.

**Other Skills** List additional skills and training:

---



---



---

**Professional References** (Please do not list friends or family members)

Name	Company	Title	Phone ( )
Name	Company	Title	Phone ( )
Name	Company	Title	Phone ( )

**Please read each statement carefully before signing**

**Authenticity of Information**

I certify that all information provided in the application is true and complete to the best of my knowledge. If I am employed, I understand that if I have omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged regardless of the time of discovery by Escalante Golf, Inc.

**Background Check Approval**

I voluntarily authorize Escalante Golf, Inc. to request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make written requests within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations named on this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

**Pre-Employment Drug Testing**

In accordance with the company policy to maintain a drug-free workplace, if any offer of employment is made it will be contingent upon an applicant submitting to a drug test and receiving a negative drug test result. Also, certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by company policy and release Escalante Golf, Inc. from all liability arising from such testing and/or decisions made based on such testing.

**At-Will Employment**

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that my employment is “at will” and may be terminated at any time with or without cause and with or without notice. I further understand that my employment is at will regardless of any statements made in any company policy, practice, handbook, program, or any other written or oral materials. I understand that no representative of Escalante Golf, Inc. other than the Chief Executive Officer has the authority to make agreements with me concerning the length of my employment. Such agreements must be in writing and signed by the Chief Executive Officer.

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

\_\_\_\_\_  
Date