

**The Saticoy Club** 4450 N. Clubhouse Drive - Somis, CA 93066 P: (805) 485-4956 F: (805) 647-1158

An Equal Opportunity Employer

Please Print					
Date	/ Date of Birth				
Last Name	First Name	Middle			
Home Phone	Cell Phone	Email Address			
Home Address					
No. & Street		City	State	Zip	
Mailing Address (if differe	ent from home address)				
No. & Street		City	State	Zip	
<b>Employment Desired</b>					
Position applying for:					
Are you applying for:					
Regular full-time w	☐ Yes ☐ N	No			
Regular part-time v	☐ Yes ☐ N	No			
Temporary work, e	☐ Yes ☐ N	No			
What days and hours are you	u available for work?				
If applying for temporary w	ork, during what period of time	will you be availa	able?		
From: To	:				
Are you available for work	on weekends?	☐ Yes ☐ N	No		
Would you be available to v	☐ Yes ☐ N	No			
If hired, on what date can yo	ou start work?				
Salary desired:					

Personal Information	
Have you ever applied to or worked for <b>The Saticoy Club</b> before?	Yes No
If yes, when?	
Do you have any friends or relatives working for <b>The Saticoy Club</b> ?	☐ Yes ☐ No
If yes, state name(s) and relationship:	
Name	Relationship
Name Why are you applying for work at <b>The Saticoy Club</b> ?	Relationship
——————————————————————————————————————	
If hired, would you have a reliable means of transportation to and from	n work?
Are you at least 18 years old? (If under 18, hire is subject to verification age.)	
If hired, can you present evidence of your U.S. citizenship or proof of this country?	your legal right to live and work in  Yes No
Are you able to perform the essential functions of the job for which yo reasonable accommodation?	ou are applying, either with or withou  Yes No
Are you vaccinated for the Covid 19 virus?	☐ Yes ☐ No
If no, describe the functions that cannot be performed:	
(Note: We comply with the ADA and consider reasonable accommodation measures the applicants/employees to perform essential functions. Hire may be subject to passing a mests.)	
Have you ever been convicted of a criminal offense (felony or serious Marijuana-related offenses that are more than two years old need not be If yes, state nature of the crime(s), when and where convicted, and dis	pe listed.)
(Note: No applicant will be denied employment solely on the grounds of conviction of a the date of the offense, the surrounding circumstances and the relevance of the offense to considered.)	
Are you currently employed?	☐ Yes ☐ No
If so, may we contact your current employer?	☐ Yes ☐ No

## **Education, Training, and Experience**

School	Name and Address			No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name				Yes No	
	Address					
	City	State	Zip			
College/ University	Name				∐ Yes ∐ No	
	Address					
	City	State	Zip			
Vocational Business	Name			<del></del>	Yes No	)
	Address					
	City	State	Zip			
Health Care Train	ning Name			<del></del>	Yes No	·
	Address					
	City		Zip			
	ave any other experier		•	ns, or skills, which		
	work at <b>The Saticoy</b> ase explain:	Club?			Yes No	1
Answer t	he following questions	s if you are	applying for a	professional pos	ition:	
Are you	licensed/certified for tl	ne job appli	ed for?		☐ Yes ☐ No	
Name of	license/certification: _					
	tate:					
License/o	certification number _					
	license/certification e				☐ Yes ☐ No	
-	ate reason(s), date of re		_		atement:	
						· · · · · · · · · · · · · · · · · · ·

## **Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer			Telephone No.		
Type of Business Your			Supervisor's Name		
Address & Street			City	State	Zip
Dates of Employment: _			Hourly Pay: _		
	From	То		Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this emp	ployer for a re	ference?		☐ Ye	es 🗌 No
Name of Employer			Telephone No.		
Type of Business Your			Supervisor's Name		
Address & Street			City	State	Zip
Dates of Employment: _			Hourly Pay: _		
	From	То		Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?				☐ Ye	es 🗌 No
Name of Employer			Telephone No.		
Type of Business Your			Supervisor's Name		
Address & Street			City	State	Zip
Dates of Employment: _			Hourly Pay: _		
	From	То	. , –	Starting	Ending
Your Position and Duties					
Reason for Leaving					
May we contact this emp	oloyer for a re	ference?		☐ Ye	es 🗌 No

Military Service					
Have you obtained any special skill	s or abilities as the r	esult of servi	ce in the militar	y? □ Ye	es 🗌 No
If so, describe:					
References					
List below three persons not related three years.	l to you who have kn	nowledge of y	our work perfor	rmance w	rithin the last
First Name	Last Name		Telephone No.		
Address & Street		City	State	e Zip	
Occupation	No	o. of Years Acqu	ainted		
First Name	Last Name		Telephone No.		
Address & Street		City	State	e Zip	
Occupation	No	No. of Years Acquainted			
First Name	Last Name		Telephone No.		
Address & Street		City	State	e Zip	
Occupation	No	o. of Years Acqu	ainted		
Initials I hereby certify that I had chances for employment and that the arcertify that I, the undersigned applicant misstatement of material fact on this application of this application or for immediscovery.	nswers given by me are , have personally comp plication or on any doc	e true and corre pleted this appli cument used to	ct to the best of nication. I understa	ny knowle and that ar ent shall b	dge. I further by omission or e grounds for
Initials I hereby authorize <b>The</b> and other matters related to my suitabil to the company any and all letters, reponotice of such disclosure. In addition, I corporations, partnerships and associative related to such investigation or disclosure.	ity for employment and rts and other informati hereby release the com ons from any and all c	d, further, authorn related to many, my form	orize the reference by work records, where employers and	es I have l without giv d all other	isted to disclose ving me prior persons,
Initials I understand that nothin granted or during my employment, if hi In addition, I understand and agree that may be terminated at any time, with or promises or representations contrary to me and the Company's designated representations.	ired, is intended to creatif I am employed, my without prior notice, at the foregoing are bind	nte an employment is the option of o	nent contract between for no definite of the either myself or either	veen me ar r determin he compar	nd the company. able period and ay, and that no
Initials Should a search of publicivil judicial action, tax lien or outstand am entitled to copies of any such public not hired as a result of such information box below.	ling judgment) be cond records obtained by the	lucted by interr he Company ur	nal personnel emp nless I mark the c	ployed by heck box l	the Company, I below. If I am
I waive receipt of a copy of any put	olic record described	in the paragr	aph above.		
Date Applicant	's Signature				