

## **EMPLOYMENT APPLICATION**

Client Company:	JMJ Golf Group, LLC (D	BA) D'Andrea Go	lf			
Name:		Firet		_ _ -	_ -   Social Security No.	_
					social Security 140.	
Number	r & Street		City		State	Zip
Telephone: (			Email Address:			
<u>EMPLOYMENT</u>	Are you under 18 years of a	geYes No _ A	re you 21 years of age	e or olderYes	No	
List other names u	used while in school, military orovide evidence that you are	or for employment authorized to work ir	the U.S.? Yes	No		
CRIMINAL BACK	GROUND Have you been co	onvicted of a crime? _	_YesNo (A yes ans)	ver will not auton	natically bar you from e	mployment. Al
EDUCATION Include Junior/Col	mmunity Colleges, Graduate,	Trade or Business S	chools			
Туре	Name/Location		Course of Study Numbe		r Years Completed/Degree	
High School						
College						
Technical or Other						
Branch of Service  EMPLOYMENT RI List 10 year history	ERVICE Include National Gua ECORD  beginning with the most recessheet if necessary.	From	To			
Company Name, Address and Telephone		Position(s)	Start Date/ End Date	Rate of Pay	Reason for Leaving	,
such employmentime by JMJ Go application is not aliens. All pers such proof will in I understand the all data given of herein to provide this information I certify that all sufficient cause	at, should an offer of ement with JMJ Golf Group off Group (DBA) D'Andre of a contract of employment at contract of employment in denial of employat JMJ Golf Group LLC on this application, on relue any information requestion to the statements herein at a for dismissal or refusal	LLČ (DBA) D'An- ea Golf, or myself, nent. I understan atisfactory proof yment.  (DBA) D'Andrea ( ated papers, and ested about me, a	drea Golf is <b>at will</b> with or without cand that federal law por employment autorises. I autorise them	Employment use or notice o	nt may be termina I understand the employment of un d identity. Failure e my work history dividuals and firms ty for damage in p	ated at any at this authorized to submit and verify anamed providing
	.C is proud to be an Equal Op					gard to race,
	der, national origin, sexual or					,

## This page is to be completed after hire only.

EMPLOYEE IDENTIFICATION  To be completed by Employee	Gender Date of Birth (moday-yr.) Home Telephone Alternate Telephone  M F ( ) ( )  Employee Race (Mark One) (Any information relating to race/ethnic origin and gender is voluntary and is collected to demonstrate compliance with government regulations. This information is not used in the evaluation of the employee.)  White (not of Hispanic origin) Hispanic American Indian or Alaska Native  Black (not of Hispanic origin) Asian or Pacific Islander Other  Emergency Contact Information: Name Name Relationship Home Telephone Work Telephone  Street Address City State Zip				
EMPLOYMENT INFORMATION To be completed by Supervisor	Job Title  Seniority/Hire Date  Workers' Comp Code  Work City  Work Zip Code  Is the employee exempt from overtime?				
	Pay Type (check as many as apply)  Full Time (30+ hours) Part-Time Temporary Union Seasonal F/T Seasonal P/T  Pay Rate (fill in one)  Hourly \$/ hr Commission  Salary \$/ yr. \$/ pay period Draw: Yes No  Pay Frequency: Weekly Bi-weekly Semi-Monthly Monthly  Is this employee a supervisor? Yes No				
EMPLOYMENT AGREEMENT  To be read and signed by Employee	I understand my employment is between JMJ Golf Group LLC (DBA) D'Andrea Golf. I understand that my employment is "At-Will" and that my employment may be terminated at any time for any reason at my option or at the option of JMJ Golf Group LLC (DBA) D'Andrea Golf. My "At-Will" status cannot be altered by any person other than a Senior Executive of JMJ Golf Group, LLC (DBA) D'Andrea Golf. Any such agreement must be in writing.  JMJ Golf Group LLC (DBA) D'Andrea Golf, believes the workplace should be free of discrimination and harassment and that I have a means to discuss any complaint. I agree to read and abide by the Prohibited Harassment Policy and to promptly report any such incident or problem to my supervisor. If I do not feel comfortable or feel reporting to the supervisor would be inappropriate, or if the problem is not addressed sufficiently by the supervisor, I agree to contact the Human Resources Department at (775) 544-1142 or mjory@pga.com.  I understand that JMJ Golf Group LLC (DBA) D'Andrea Golf maintains worker's compensation coverage for me. In the event of a workplace injury, I agree that my sole remedy lies in coverage under JMJ Golf Group LLC (DBA) D'Andrea Golf worker's compensation coverage.  I also agree to abide by any other JMJ Golf Group (DBA) D'Andrea Golf policies made known to me.  Employee Signature  Date				