

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM

10-key Yes No

Word Processing Yes No _____ WPM

Personal Computer Yes No PC Mac

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Reference Check Permission Form

I _____ give Campus Club Milledgeville permission to contact the references listed below to discuss my suitability as a CC Milledgeville employment.

Signature: _____

Date: _____

Do not list relatives.

Reference One

Name: _____

first

initial

last

Address: _____

number

street

Apt No., Unit No., P.O Box

City/Town

Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m.

Cell #: _____

Relationship to the candidate: _____

Length of relationship: _____

Reference Two

Name: _____

first

initial

last

Address: _____

number

street

Apt No., Unit No., P.O Box

City/Town

Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m.

Cell #: _____

Relationship to the candidate: _____

Length of relationship: _____

Reference Three

Name: _____

first

initial

last

Address: _____

number

street

Apt No., Unit No., P.O Box

City/Town

Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m.

Cell #: _____

Relationship to the candidate: _____

Length of relationship: _____

**Photographs and Video Consent,
Waiver, Indemnity and Release (Long Form)**

Photographs, Videos and Recordings

I hereby grant permission to Campus Club Milledgeville and its representatives to take photographs or videos of me and to make recordings of my voice at any Campus Club Milledgeville event/program.

First and Last Name (Printed) _____

E-mail _____ Phone _____

Parent/Guardian Name (if under age 18) _____

Date _____

I further grant to Campus Club Milledgeville and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining Campus Club Milledgeville and its activities and for administrative, educational or research purposes. I acknowledge that Campus Club Milledgeville owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, defend, indemnify and hold harmless Campus Club Milledgeville, its Board of Governors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature (if age 18 or older) Date

Signature of Parent/Guardian (if under age 18) Date

Signature of Witness Date

Background Investigation Questionnaire

Confidential

I understand that this form will be kept separately from my application and that the information regarding my date of birth, place of birth and listed physical characteristics will not be available to the public. I further understand that any employment decision will be made based on my qualifications, employment record and police record as related to the requirements of the position for which I am being considered.

NAME _____

Last

First

Middle

Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which and show dated used) _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

ADDRESS _____ PHONE _____

Number

Street

City **State** **Zip**

DOB _____ PLACE OF BIRTH _____ SEX _____ RACE _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

Have you ever been arrested by Federal, State or other law enforcement authorities for any violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include anything that happened before your 17th birthday.

Do not include minor traffic violations for which a fine of \$ 35.00 or less was imposed. All other arrests must be included even if they were pardoned) YES NO

List all arrests to include date, location and agency involved _____

I hereby authorize _____ to receive any criminal history record information pertaining to me, which may be in the files of any local, state or federal agency. I hereby release Campus Club Milledgeville and their employees and agents from any and all liability arising from this authorization for the subsequent review of the information disclosed pursuant to this authorization.

FULL NAME PRINTED

LEGAL SIGNATURE

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Campus Club Milledgeville (hereinafter called "CCM "), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CCM, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of Campus Club Milledgeville . Both the undersigned and CCM may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Campus Club Milledgeville may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Campus Club Milledgeville permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Campus Club Milledgeville from any liability as a result of such contract.

I also understand that (1) Campus Club Milledgeville has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with Campus Club Milledgeville shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Campus Club Milledgeville is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.