



METROPOLITAN GOLF GROUP

Employment Application

This is a Drug Free Workplace

Our Mission Statement

To be an energetic, growing organization of consistent, superior service and value; dedicated to our team, our customers and our community; and committed to a friendly, professional work environment, where integrity and profitability are paramount and compatible... and achieved with pride

*For Internal use only.
Do not write in this box.*

Copy sent to: _____

Position Applied for: _____

Date: _____



Metro Golf Group, Inc. is an Equal Employment Opportunity employer. We consider and enable application for all positions without regard to race, religion, sex national origin, age, family status, veteran status, disability or any other legally protected status. If you feel you are being subjected to any type of discrimination and/or harassment, contact the Corporate Director of Human Resource immediately at Metro Golf Group, Inc. to obtain necessary assistance in the resolution of such matters (732)656-8948. Failure to complete this application properly and in its entirety will result in this application not being processed. Please list any periods of time in which you were not employed.
 Metro Golf Group, Inc. is a Drug Free Company. You may be required to take a pre-employment drug test and background check.

(PLEASE PRINT)

Name: Last First Middle			Social Security No.:	
Current Address: Street & Number City State Zip			Telephone:	Years/Months at this address?
Previous Address: Street & Number City State Zip			Telephone:	Years/Months at this address?
Position Applied For:			<input type="checkbox"/> Full Time (30+ hours/week) <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time (less than 30 hours/week) <input type="checkbox"/> On-Call	
Have you ever applied for a position with this Club? <input type="checkbox"/> Yes. If yes, please explain when _____ <input type="checkbox"/> No			Have you ever worked at this Club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ and, in what position _____	
Do you have any relatives or friends employed by this Club? <input type="checkbox"/> Yes If yes, please explain _____ <input type="checkbox"/> No			If you are applying for a Temporary/Seasonal position, what period of weeks/months are you available to work? From: _____ To: _____	
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18 years of age, please state your age: _____			Are you eligible for employment in the USA? Proof of eligibility will be required before starting employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates Employed:	Employer Name, Address, Telephone No.	Duties:	Position/Supervisor:
From: _____ To: _____	Telephone: _____	Reason for Leaving: _____	Position: _____ Supervisor: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____ To: _____	Telephone: _____	Reason for Leaving: _____	Position: _____ Supervisor: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____ To: _____	Telephone: _____	Reason for Leaving: _____	Position: _____ Supervisor: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____ To: _____	Telephone: _____	Reason for Leaving: _____	Position: _____ Supervisor: _____ May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all education, training or courses that support your qualifications for this position.	Did you graduate?	Subjects Studied - List Degree(s)/Certification
School/Course and Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University/College and Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education, Training, Certification and Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Skills, Languages, Special Training, etc. that relate to this position. Include machinery, office equipment, vehicles, etc.

List Skills, Languages, Equipment, etc.	Indicate Skill Level	Years of Experience

Professional Affiliations	Years Affiliated

List Personal References	Phone Number	Years Known
1.		
2.		
3.		

All positions require a pre-employment drug test. Do you consent to this test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work holidays if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you work any shift if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If this box is checked, please answer: Do you have a valid Driver's License as a requirement for this position? (A Motor Vehicle License verification may be ordered for such positions.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe how you can perform the job for which you are applying and list any salary requirements.

Applications are kept in our active file for 30 days. You may submit a new application for a position at any time.

Statement of Affirmation

I **acknowledge** that the information I have supplied is correct to the best of my knowledge, and understand that any misrepresentations or omissions of fact during the hiring process may be grounds for rejection of my application or later dismissal.

I **freely and voluntarily agree** to submit to such drug and alcohol screening where applicable and as may be allowed by state or federal law as part of my application for employment and that any offer of employment is conditional upon passing such pre-employment screening. I understand that as an applicant as well as an employee, (should I be hired), that I may occasionally be required to submit to such drug and alcohol testing as may be permitted under state or federal law. I further understand that refusal to submit to such drug and alcohol tests are permitted by law, or the positive testing for prohibited drugs or alcohol in accordance with standards established by either state or federal law, may result in immediate suspension or discharge.

If **employed**, I **agree** to conform to the rules and regulation of The Company. Under the Fair Labor Standards Act, I understand that my tips I may earn must be reported to The Company and that if I should fail to report these amounts, I will be subject to disciplinary actions up to and including termination. I also agree that, just as I have, if hired the right to resign my employment at any time, at the option of either The Company or myself. I understand that no manager or representative of The Company, other than the President or General Manager of The Company, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contract to the foregoing either now, in the past or in the future. I further understand that even an agreement by the President must be in writing and signed by him/her for it to be binding on either The Company or myself. I further understand that this supersedes any prior oral or written understanding.

I **have read in full and understand** the above and agree that a reproduced copy of this affirmation will be as valid as the original.

I **acknowledge and agree** that if at any time I am subjected to any type of discrimination and/or harassment, I will contact the Human Resource Department immediately to obtain assistance in the resolution of such matters.

APPLICANT SIGNATURE

DATE DRIVER LICENSE NUMBER STATE ISSUED



LINKS ASSET TRUST

METROPOLITAN GOLF GROUP

I understand that in connection with my application for employment a consumer report may be requested and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience and reasons for termination. Further I understand that the Club may be requesting information concerning my workers' compensation claims, "medical information" as defined in the Fair Credit Reporting Act, 15 U.S.C Section §1681, et seq., motor vehicle operations history, ¹criminal and civil history from various private and public sources along with other public records available. I understand that the employment decision and my continued employment will be subject to the results of these inquiries.

I hereby consent and authorize an investigation of my past and/or present employment or any other matters relative to consideration of employment by the Club. I also authorize credit, criminal convictions and driving record inquiries, or any other employment related inquiries in compliance with applicable law including, but not limited to, the provisions of the Fair Credit Reporting Act, 15 U.S.C Section §1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer(s), individuals or institutions. In exchange for the consideration of my employment application by the Club, **I hereby release** and forever discharge, without reservation, Metro Golf Group, Inc. (including its directors, officers, employees, its agents, contractors and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be as valid as the original.

THIS INFORMED CONSENT AND RELEASE PROVIDES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.

Applicant Signature

Print Name

Today's Date

¹ Applicants convicted of a criminal offense will not be denied employment because of such conviction unless the conviction is directly related to the employment sought or employment of the applicant would involve an unreasonable risk to property or people.

ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" about me by [METROPOLIATIAN GOLF GROUP] ("Company") at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com, another outside organization and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. Minnesota and Oklahoma Applicants or Employees ONLY:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. California Applicants or Employees ONLY: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW, and consent to the Company receiving "Investigative Consumer Reports" (as that phrase is defined by California law).

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Printed Name (First, Middle, Last): _____

Signature: _____

Date: _____

EMPLOYEE/APPLICANT

Last Name _____	First Name _____	Middle _____	Social Security Number _____	Date of Birth mm/dd _____
Other Name(s) Maiden/Married _____		Driver's License Number _____		State _____
Email Address _____				

RESIDENCES (Starting with current)			
Street Address _____	City/State _____	Zip _____	How Long? _____
Street Address _____	City/State _____	Zip _____	How Long? _____

CURRENT EMPLOYER	CITY/STATE/ZIP	PHONE #	POSITION	MAY WE CONTACT CURRENT EMPLOYER?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYMENT	CITY/STATE/ZIP	PHONE #	POSITION	DATE OF EMP.

SCHOOL(S) ATTENDED	NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	YEAR GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
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Signature

Date Signed

