



# THE BRIAR CLUB EMPLOYMENT APPLICATION

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE

The information given on this form is solely for the use of **The Briar Club** and will be held in the strictest confidence. It is important that this form be fully completed. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way. *If offered a position, applicant must successfully pass a background check and a drug test in order to complete the hiring process.*

## PERSONAL INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

### PRESENT ADDRESS

\_\_\_\_\_  
STREET CITY, STATE ZIP CODE CONTACT NUMBER

\_\_\_\_\_  
EMAIL ADDRESS ALTERNATE CONTACT NUMBER

\_\_\_\_\_  
EMAIL ADDRESS REFERRED BY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
EMPLOYMENT AVAILABILITY DATE

\_\_\_\_\_  
\$  
POSITION(S) APPLIED FOR (MUST FILL IN) STARTING SALARY DESIRED

YES NO  
ARE YOU WILLING TO WORK OVERTIME?    
ARE YOU AT LEAST 16 YEARS OF AGE?    
ELIGIBLE TO WORK IN THE UNITED STATES?

YES NO  
HAVE YOU PREVIOUSLY WORKED FOR OUR COMPANY?    
DO YOU HAVE ANY RELATIVES CURRENTLY WORKING OR MEMBERS OF THE BRIAR CLUB?    
IF YES, NAME OF RELATIVE AND RELATIONSHIP \_\_\_\_\_

## EMPLOYMENT BACKGROUND

**MUST COMPLETE - INCLUDING SALARY INFORMATION. PLEASE DO NOT ATTACH A RESUME IN LIEU OF COMPLETION.**

① \_\_\_\_\_ MAY WE CONTACT?  
PRESENT (OR LAST) COMPANY NAME ADDRESS CITY, STATE YES  NO   
\$ \$  
DATES: FROM - TO STARTING BASE SALARY CURRENT BASE SALARY  
JOB TITLE SUPERVISOR REASON FOR LEAVING  
BRIEF DESCRIPTION OF DUTIES: (INCLUDE NUMBER OF PERSONS SUPERVISED, IF APPLICABLE)

② \_\_\_\_\_ MAY WE CONTACT?  
PREVIOUS COMPANY NAME ADDRESS CITY, STATE YES  NO   
\$ \$  
DATES: FROM - TO STARTING BASE SALARY CURRENT BASE SALARY  
JOB TITLE SUPERVISOR REASON FOR LEAVING  
BRIEF DESCRIPTION OF DUTIES: (INCLUDE NUMBER OF PERSONS SUPERVISED, IF APPLICABLE)

③ \_\_\_\_\_ MAY WE CONTACT?  
PREVIOUS COMPANY NAME ADDRESS CITY, STATE YES  NO   
\$ \$  
DATES: FROM - TO STARTING BASE SALARY CURRENT BASE SALARY  
JOB TITLE SUPERVISOR REASON FOR LEAVING  
BRIEF DESCRIPTION OF DUTIES: (INCLUDE NUMBER OF PERSONS SUPERVISED, IF APPLICABLE)

THE BRIAR CLUB, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN OR DISABILITY.

**EDUCATION**

SCHOOL ATTENDED	LOCATION	DATES ATTENDED		MAJOR	TYPE OF DEGREE	GRADE AVERAGE		DATE OF GRADUATION (MO/YR)
		FROM	TO			OVERALL	MAJOR	
HIGH SCHOOL					GED <input type="checkbox"/> DIPLOMA <input type="checkbox"/>			
COLLEGE								
COLLEGE								
SPECIAL AWARDS OR RECOGNITIONS:						IF NO DEGREE OBTAINED, INDICATE NUMBER OF COLLEGE CREDIT HOURS COMPLETED:		

**MILITARY**

ACTIVE DUTY BRANCH			DATES OF ACTIVE DUTY			HIGHEST RANK ATTAINED											
RESERVE STATUS									RESERVE BRANCH								

**CRIMINAL**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? YES  NO

IF YES, LIST THE DATE, CHARGE AND CITY WHERE CONVICTED:

--

INCLUDE ALL CONVICTIONS, CIVILIAN OR MILITARY. THIS INFORMATION WILL NOT BE USED AS AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT CONSIDERATION.

**SKILLS**

LIST OFFICE SKILLS, TRADES, ABILITIES OR LICENSE CERTIFICATIONS THAT MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING:

--

FOREIGN LANGUAGES

DEGREE OF PROFICIENCY		
<input type="checkbox"/> SPEAK	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE

**REFERENCES**

LIST THREE PERSONS (NOT RELATIVES) MOST FAMILIAR WITH YOUR ABILITIES WHO HAVE KNOWN YOU FOR 3 YEARS OF MORE. (SUPERVISORS PREFERRED)

NAME AND ASSOCIATION	OCCUPATION	ADDRESS	CONTACT NUMBER	YEARS KNOWN
NAME AND ASSOCIATION	OCCUPATION	ADDRESS	CONTACT NUMBER	YEARS KNOWN
NAME AND ASSOCIATION	OCCUPATION	ADDRESS	CONTACT NUMBER	YEARS KNOWN

**APPLICANTS STATEMENT (APPLICANT MUST REVIEW AND SIGN BELOW)**

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by **The Briar Club** my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I grant **The Briar Club** the right to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to **The Briar Club**, or any of its affiliates, subsidiaries, or divisions, from my salary, wages, commissions, reimbursements or final pay subject to compliance with applicable state and federal wage and hour laws.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT

DATE