2305 Clubhouse Drive Rocklin, CA 95765 916.632.8333

www.whitneyoaksgolf.com



Whitney Oaks Golf Club Employment Application An Equal Opportunity Employer

PERSONAL INFORMATION					
LAS	ST NAME FIRST NAME MIDDLE NAME				
PRE	ESENT ADDRESS CITY ZIP CODE STATE				
Ν/Λ	ALLING ADDRESS (IF DIFFERENT THAN PRESENT) CITY ZIP CODE STATE				
1017) ()				
HO	IME PHONE MOBILE E-MAIL ADDRESS				
	ANSWER THE FOLLOWING QUESTIONS				
1.	WHAT IS YOUR DESIRED SALARY/HOURLY RATE? \$				
2.	ARE YOU AT LEAST 18 YEARS OLD? (If under 18, can you produce the necessary work certificate at the time of				
	employment?) YES NO				
3.	TYPE OF WORK DESIRED: FULL-TIME PART-TIME				
4.	ARE YOU CURRENTLY EMPLOYED? YES NO				
5.	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO				
6.	HOW SOON WILL YOU BE ABLE TO START?				
7.	ARE YOU ABLE TO WORK WEEKENDS? YES NO ARE YOU ABLE TO WORK OVERTIME? YES NO				
8.	DO YOU HAVE ANY FAMILY MEMBERS EMPLOYED BY THIS COMPANY? YES NO				
9.	NAMES OF RELATIVES EMPLOYED BY WHITNEY OAKS GOLF CLUB:				
	NAME: RELATIONSHIP:				
	NAME: RELATIONSHIP:				
	HAVE YOU EVER BEEN EMPLOYED BY WHITNEY OAKS GOLF CLUB? YES NO				
	HAVE YOU PREVIOUSLY APPLED FOR EMPLOYMENT WITH WHITNEY OAKS GOLF CLUB? YES NO				
	ARE YOU CURRENTLY EMPLOYED AT OR EVER BEEN EMPLOYED BY THUNDER VALLEY RESORT CASINO? YESNO				
13.	IF OFFERED EMPLOYMENT, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK				
	IN THE UNITED STATES? YES NO				
14.	ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, EITHER WITH				
	OR WITHOUT REASONABLE ACCOMENDATION? YES NO If no, please provide details:				
15	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (Felony or misdemeanor)? (Convictions for marijuana-related				
13.	offenses that are more than two years old need not be listed) YES NO If yes, state nature of the conviction(s)				
	and where convicted:				

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of offense, the surrounding circumstances and the relevance of the offence to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING, AND EXPERIENCE							
EDUCATION	NAME, CITY AND STATE	YEARS	DEGREE/MAJOR	# OF YEARS			
				COMPLETED			
HIGH SCHOOL							
COLLEGE/UNIVERSITY							
VOCATIONAL/BUSINESS							

LIST ANY ADDITIONAL SPECIAL TECHNICAL SKILLS THAT YOU FEEL QUALIFY YOU FOR THE JOB YOU ARE APPLYING (for example, computer, food & beverage, golf, landscaping, etc).									
EMPLOYMENT HISTORY List below all present and past employment starting with your recent employer (last seven years is sufficient). Account for all periods of employment. You must complete this section even if attaching a resume. ATTACH ADDITIONAL PAGE(S) IF NECESSARY.									
		()							
EMPLOYER ADDRE	ESS	PHONE							
POSITION AND DUTIES									
		()							
NAME OF MANAGER T	ITLE	PHONE							
FROM / / / TO / / /	\$	\$							
DATES EMPLOYED	PAY STARTING	ENDING							
YES NO									
MAY WE CONTACT EMPLOYER	REASON FOR LEAVING								
		()							
EMPLOYER ADDRE	ESS	PHONE							
POSITION AND DUTIES									
TOSITION AND DOTIES		<i>(</i>)							
NAME OF MANAGER T	ITLE	N / PHONE							
FROM / / / TO / / /	\$	\$							
DATES EMPLOYED	PAY STARTING	ENDING							
YES NO	TAI STAINING	ENDING							
MAY WE CONTACT EMPLOYER	REASON FOR LEAVING								
		<i>(</i>)							
FAADI OVED ADDDE		NIONE .							
EMPLOYER ADDRE	:33	PHONE							
DOCUMENT AND DUTIES									
POSITION AND DUTIES		, \							
		()							
	ITLE	PHONE							
FROM// TO//	\$	\$							
DATES EMPLOYED	PAY STARTING	ENDING							
YES NO	DEACON FOR LESS WAY								
MAY WE CONTACT EMPLOYER REASON FOR LEAVING									

REFERENCES							
List below three persons not related to you who have knowledge of your work performance within the last three years.							
NAME	ADDRESS & PHONE	OCCUPATION	YEARS ACQUAINTED				

APPLICANT CERTIFICATION

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that any misrepresentation or omission of facts is grounds for refusal to hire, or, if hired, dismissal.

I acknowledge my understanding that as a matter of Company policy, all employment of supervisory team members and non-supervisory team members is on at at-will basis. This means that if I am hired as a supervisor or as a non-supervisory team member, there is no agreement between me and the Company for a definite period of employment, and that my employment may be terminated as a supervisor, or as a non-supervisory team member, by the Company or by me, for any reason without prior notice or cause. I understand that this policy may be altered, amended, modified or otherwise changed, only in writing and only with the appropriate approval.

I hereby authorize the Company to request each employer, person, company or school named in my employment Application to answer all questions that may be asked and to give all information that may be sought in connection with my Application or concerning me or my work habits, character, skill or action in any transaction, and hereby authorize any persons or organizations referenced in the Application to provide the Company or any of its Subsidiaries with any and all information concerning my previous or current employment, education or other information they might have, personal or otherwise. Any information obtained by the Company from any source will be held confidential by the Company from all persons and even against any demand made by me, except as required by law. I understand that any offer of employment is contingent upon a successful background check.

I understand that any offer of employment may be subject to my satisfactory completion of a pre-employment drug/alcohol test, as well as a pre-employment background investigation, and physical medical examination designed to determine my ability to perform the essential functions of any position which may be offered to me. A blood test, hair test, urine screen, or any other drug/alcohol screen may be required at any time pursuant to Whitney Oaks Golf Club substance abuse policy and as permitted by applicable law. I acknowledge and agree that the pertinent results of such post-offer, pre-employment drug/alcohol, background investigation, or physical medical examination and the pertinent results of any post-employment drug/alcohol, background investigation and/or job related physical or medical examinations may be used to make decisions affecting my employment application and/or continued employment, as applicable.

I understand and agree that if I am hired by the Company, my receipt and signing an acknowledgment of receipt of the Whitney Oaks Golf Club's Handbook does not constitute a written employment agreement between me and the Company."

I hereby release all parties from any liability for any damage caused or claimed to have been caused by giving and receiving opinions as to my previous or current, employment and character, and if I am offered employment, the results of any drug/alcohol test, and/ or physical or medical examination designed to determine my ability to perform the essential functions (with or without reasonable accommodation) or the position for which I have applied.

I acknowledge that no officer, agent or employee of the Company has made any representations or promises to me concerning the length, duration, kind, character or nature of employment or compensation which may be offered to me, and I further agree that I have not and shall not base any decision to relocate my residence upon any representations of such a nature. I understand and agree that if I am employed: (a) such employment shall be for an indefinite period of time; (b) the Company can and may change my wages and benefits, or other conditions of employment at any time with prior notice; and (c) I shall comply with all rules, regulations and policies, procedures of the Company and I understand that these rules, regulations and/or policies may be altered, withdrawn, modified or amended at any time with prior notice to me.

further understand that my Application will remain active for 180 days from the date it was completed, and that, if I am iffered employment within 180 day period has expired, I meapply.				
I certify that I have read and understand the above statements. I assert that all information provaccurate.	vided by me is true and			
Do not sign until you have read all of the information contained in the application.				
APPLICANT SIGNATURE:	DATE:			