

APPLICATION FOR MARINERS POINT SUMMER GOLF CAMP EMPLOYMENT

Mariners Point is AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. #	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. #	CITY	STATE	ZIP
PHONE NUMBER: DAYTIME		PHONE NUMBER: EVENING		
EMAIL ADDRESS		CELL PHONE		
DATE OF APPLICATION:				

DESIRED EMPLOYMENT

POSITION DESIRED																									
WHO REFERRED YOU TO THIS COMPANY <input type="checkbox"/> FRIEND <input type="checkbox"/> ADVERTISING <input type="checkbox"/> FORMER CAMPER <input type="checkbox"/> OTHER																									
AVAILABILITY: Please note that you should be able to commit to at least seven of the ten weeks to be considered for employment. Work hours are approximately 8:30 AM -3:30 PM Monday through Friday. There may be occasional paid staff meetings from 3:30-4:00 PM.																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Available all eleven weeks</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>June 8th-June 12th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>June 15th-June 19th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>June 22nd-June 26th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>June 29th-July 3rd</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>July 6th-July 10th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>July 13th-July 17th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>July 20th-July 24th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>July 27th-July 31st</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>August 3rd-August 7th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>August 10th-August 14th</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>August 17th-August 21st</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Available all eleven weeks	<input type="checkbox"/>	June 8 th -June 12 th	<input type="checkbox"/>	June 15 th -June 19 th	<input type="checkbox"/>	June 22 nd -June 26 th	<input type="checkbox"/>	June 29 th -July 3 rd	<input type="checkbox"/>	July 6 th -July 10 th	<input type="checkbox"/>	July 13 th -July 17 th	<input type="checkbox"/>	July 20 th -July 24 th	<input type="checkbox"/>	July 27 th -July 31 st	<input type="checkbox"/>	August 3 rd -August 7 th	<input type="checkbox"/>	August 10 th -August 14 th	<input type="checkbox"/>	August 17 th -August 21 st	<input type="checkbox"/>	
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If you are offered this opportunity to participate in Mariners Point Golf Camp this summer, you must make a commitment to be there on all of your scheduled days. Can you make that commitment?																									
If you are under the age of 18, can you provide the necessary work certificate at the time of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No																									

GENERAL

Why do you want to be part of the Mariners Point Junior Golf Camp program?
Please describe any skills and experience you have working with children ages 6-15
List any sports, hobbies and extra-curricular activities you are involved in.
List any golf experience:

EDUCATION

SCHOOL LEVEL	NAME & ADDRESS OF SCHOOL	#YRS ATTENDED	SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
START DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
START DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PAST EMPLOYMENT (continued)

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
START DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES: PLEASE GIVE THE NAME OF THREE PERSONS WHO ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

<p>Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than misdemeanor marijuana-related convictions that are more than two years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If you answered yes to either of the above two questions, please provide the date(s) and explain so that individual circumstances can be considered. Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.</p>
<p>Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.</p>
<p>Have you ever initiated an act of violence in the workplace? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the date(s) and explain so that individual circumstances can be considered. (a YES answer will not necessarily disqualify your from employment.)</p>

AUTHORIZATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I

understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I UNDERSTAND THAT MARINERS POINT WILL REQUEST MY AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature

Date

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date