

*BriLyn Inc.*  
Vintage Golf Properties, Inc.

**APPLICATION FOR EMPLOYMENT**

PLEASE READ CAREFULLY  
AN EQUAL OPPORTUNITY EMPLOYER

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Citizenship: \_\_\_\_\_ (All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U.S.)

**JOB INTEREST**

Position(s) Applying For: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Type Of Employment Desired (Check One): Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Shift Preference (Check One): Day \_\_\_\_\_ Swing \_\_\_\_\_ Night \_\_\_\_\_ All \_\_\_\_\_

Are You Willing To Work Overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekends: Yes \_\_\_\_\_ No \_\_\_\_\_

Are You Willing To Travel? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How Often? \_\_\_\_\_

Salary Required: Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ or Monthly \_\_\_\_\_

Date Available To Begin Work: \_\_\_\_\_

Are you 21 or over? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Give Age, \_\_\_\_\_

# EMPLOYMENT HISTORY

List most recent employers first, then follow in order with earlier ones. Explain gaps in work history of more than one month's duration. We will check references.

NAME and ADDRESS of PREVIOUS EMPLOYER	DATES WORKED				POSITION	SUPERVISOR	HOURS	RATE OF PAY	REASON FOR LEAVING
	From Mo.	Yr.	To Mo.	Yr.					
Company							Start		
Address							Finish		
City State	If currently employed, may we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Phone	Explanation of employment gap:								

NAME and ADDRESS of PREVIOUS EMPLOYER	DATES WORKED				POSITION	SUPERVISOR	HOURS	RATE OF PAY	REASON FOR LEAVING
	From Mo.	Yr.	To Mo.	Yr.					
Company							Start		
Address							Finish		
City State	Explanation of employment gap:								
Phone									

NAME and ADDRESS of PREVIOUS EMPLOYER	DATES WORKED				POSITION	SUPERVISOR	HOURS	RATE OF PAY	REASON FOR LEAVING
	From Mo.	Yr.	To Mo.	Yr.					
Company							Start		
Address							Finish		
City State	Explanation of employment gap:								
Phone									

NAME and ADDRESS of PREVIOUS EMPLOYER	DATES WORKED				POSITION	SUPERVISOR	HOURS	RATE OF PAY	REASON FOR LEAVING
	From Mo.	Yr.	To Mo.	Yr.					
Company							Start		
Address							Finish		
City State	Explanation of employment gap:								
Phone									

## EMPLOYMENT HISTORY INFORMATION

Have you ever worked for BriLyn Inc.?

Yes  No

If yes, when \_\_\_\_\_ Where \_\_\_\_\_

Business Unit \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Do you have a relative working here?  Yes  No If yes, state identity and relationship \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL DATA

Type of School	Name & Address of School	Years/Grade	Graduated	Type of Degree Diploma or Certificate	Major / Minor Field of Study
Elementary		1, 2, 3, 4, 5, 6, 7, 8	<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		9, 10, 11, 12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		1, 2, 3, 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		1, 2, 3, 4			

## MILITARY INFORMATION

Veteran of U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Branch	Date Discharged	Final Rank

## ADDITIONAL TRAINING/SKILLS INFORMATION

Skills and information relating to position applied for or of general interest:

Describe hobbies, special interests, awards and activities: (Omit references to organizations or activities which have a racial, religious or sex identification)

List foreign languages in which you are fluent:

## ADDITIONAL INFORMATION

Have you ever been refused a bond or had a bond cancelled?  Yes  No If yes, specify: \_\_\_\_\_

Have you been convicted of a felony?  Yes  No If yes, specify: \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check of your records?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?  Yes  No If yes, please explain.

## APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not and is not intended to be a contract for continued employment.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

---

Signature of Applicant

Date