



Pocono Farms Country Club Association, Inc.

7000 Lake Road, Tobyhanna, PA 18466

(570) 894-4435 (570) 894-3529 fax

www.poconofarms.com website

admin@poconofarms.com email

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

Position applying for: _____ Date: _____

PERSONAL INFORMATION

Legal Name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip Code _____

Home Telephone: _____ Other Telephone: _____

E-mail: _____ Social Security # _____

Driver's License # _____ Issue State _____

(If position requires operation of a company vehicle)

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Have you been convicted of a felony: Yes No

If yes, please explain: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____

Employment Status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____



EMPLOYMENT HISTORY *(Most recent first)*

Job Title: _____

Employer: _____

Dates of Employment (month/year)

From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temp

Employer's Address: _____

Supervisor: _____

_____ May we contact? Yes No Phone: _____

Reason for leaving: _____

Duties: _____

Job Title: _____

Employer: _____

Dates of Employment (month/year)

From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temp

Employer's Address: _____

Supervisor: _____

_____ May we contact? Yes No Phone: _____

Reason for leaving: _____

Duties: _____

Job Title: _____

Employer: _____

Dates of Employment (month/year)

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Job Title: _____

Employer: _____

Dates of Employment (month/year)

From: _____ To: _____

Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temp

Employer's Address: _____

Supervisor: _____

_____ May we contact? Yes No Phone: _____

Reason for leaving: _____

Duties: _____



EDUCATION

Type of School	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you Graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special Courses, training or experience acquired, including military experience: _____

SKILLS

Clerical / Office Skills			
Computer Skills:	Name of Software:	<input type="checkbox"/> PC	<input type="checkbox"/> MAC <input type="checkbox"/> WPM
Languages:			
Other Special knowledge or skills:			

Please describe any other experience, abilities or skills that might be helpful in considering your application: _____

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of the facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. Continued employment is at the will of PFCCA with or without notice and with or without cause. You are free to terminate your employment with PFCCA at any time, with or without a reason, and PFCCA has the right to terminate your employment at any time, with or without a reason. Although PFCCA may choose to terminate employment for cause, cause is not required. This is called "at-will" employment. No one other than the Community Manager of PFCCA can enter into an agreement or representations contrary to this policy. Further, any such agreement must be in writing, and signed by the Community Manager of PFCCA. This policy of at-will employment may be changed only in writing signed by the Community Manager of PFCCA with approval of PFCCA Board of Directors.

I here by acknowledge that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date