



Touchstone Golf, LLC

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date Last Name First Name MI

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

Business Phone Home Phone

EMPLOYMENT DESIRED

Position applying for:

PERSONAL INFORMATION

Have you ever applied to or worked for TABERNA COUNTRY CLUB Golf Course before? Yes No

Do you have any friends or relatives working for TABERNA COUNTRY CLUB Golf Course? Yes No

Name Relationship

Name Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION, TRAINING, AND EXPERIENCE**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
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<b>High School</b>	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____ Zip _____		

<b>College</b>	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____ Zip _____		

<b>Vocational/ Business</b>	Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____ Zip _____		

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. Complete this section even if attaching a resume.

Name of Employer _____	Phone No. (____) _____ - _____
Type of Business _____	Supervisor's Name _____
Address and Street _____	City _____ State _____ Zip _____

**Employment History, continued**

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? \_\_\_\_\_  Yes  No

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address and Street City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? \_\_\_\_\_  Yes  No

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address and Street City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? \_\_\_\_\_  Yes  No



# TOUCHSTONE GOLF

**TO: LIBERTY SCREENING SERVICES L.T.D.**

**Ph: 713-980-1751, 888-961-9990**

**Fax: 713-961-9889, 800-640-9837**

**AUTHORIZATION AND RELEASE/WAIVER OF INFORMATION AGREEMENT**

PLEASE PRINT CLEARLY IN BLACK INK. PLEASE VERIFY THAT ALL INFORMATION IS CORRECT!

Applicant Name: _____	Social Security Number: _____ - _____ - _____
Driver License _____ State _____	Date of Birth: _____

RESIDENCES FOR PREVIOUS SEVEN YEARS (Starting with current)					
Address:	STREET	APT	CITY	STATE	How Long? _____ ZIP _____
Address:	STREET	APT	CITY	STATE	How Long? _____ ZIP _____
Address:	STREET	APT	CITY	STATE	How Long? _____ ZIP _____

- In connection with my employment/application for employment with TOUCHSTONE GOLF, I fully understand this release acknowledges that TOUCHSTONE GOLF and/or LIBERTY SCREENING SERVICES, LTD, may now, or at any time while I am employed, conduct a public record(s)/research report containing information for verification of prior employment (including names and dates of previous employers, reason for termination of employment, work experience, accidents, etc.), academic achievement, financial history, use of a motor vehicle and driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, general background and personal character, from federal, state and other agencies which maintain such records; as well as information from Liberty concerning previous driving record requested made by others from such state agencies, and state provided driving records.

- All background information obtained shall be utilized to assist in verification of the employment application and post job offer medical inquiry. Retrieval and usage of this information complies with the Equal Opportunity Commission, Americans With Disabilities Act and the Fair Credit Reporting Act (Laws, Rules and Regulations), as amended 9/30/97. TOUCHSTONE GOLF is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age or Americans with disabilities. I hereby declare that the answers to the questions of my application and related paperwork which I have been asked to complete, and any attachments to same, are true and correct and that any misstatements of fact(s) or omission(s) may form the basis for rejection of my application, or for my dismissal after employment.

- I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY LIBERTY SCREENING SERVICES, LTD, TO FURNISH THE ABOVE MENTIONED INFORMATION. I AUTHORIZE A PHOTOSTAT (OR FACSIMILE "FAX") OF THIS RELEASE TO BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL. ALL RESULTS WILL BE PROPRIETARY AND HELD CONFIDENTIAL AND WILL NOT BE PROVIDED TO ANY PARTIES OTHER THAN TOUCHSTONE GOLF OR ITS LEGAL REPRESENTATIVES. I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE THE REQUESTED PARTIES FROM LIABILITY FOR COMPLYING WITH THE REQUEST/RELEASE. I AUTHORIZE LIBERTY SCREENING SERVICES, LTD, TO PROVIDE THE RESULTS OF SAID INFORMATION TO TOUCHSTONE GOLF OR ITS REPRESENTATIVE(S). I FURTHER RELEASE TOUCHSTONE GOLF AND LIBERTY, AS WELL AS THEIR REPRESENTATIVES, OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY FROM THE RESULTS AND PREPARATION OF ANY REPORTS CONCERNING MYSELF OR MY BACKGROUND. THE FACTS SET FORTH BY ME IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

- I have the right to make a request to Liberty, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Liberty has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from Liberty, and I agree that such information, which Liberty obtains, and my employment history with you if I am hired, will be supplied by Liberty to other companies that subscribed to Liberty. I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I am employed in, seeking employment in, or reside in Minnesota or Oklahoma, and by checking this box, indicate that I would like to receive a copy of any Consumer Report about me, if one is obtained by Requestor.

I understand that if I am employed in, seeking employment in, or reside in California, by signing below, I acknowledge that I have received a NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. By checking this box, I indicate that I would like to receive a copy of any Investigative Consumer Report about me, if one is obtained by Requestor.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Signature: \_\_\_\_\_  
TYPE FULL NAME AS SIGNATURE

Date: \_\_\_\_\_