

CURRENT FACILITY INFORMATION

Is this Employment Full Time Or Part Time?

Office Use Only-Facility/Company Number:

Job Description: _____

PGA Section For This Employment: _____

Apprentice Classification: B - _____ (B1 – B23)

Starting Date Of This Employment: _____

 (Name of Facility/Company)

Date Contract Signed Or Terms Verbally Agreed To: _____

 (Physical Street Address)

 (Facility/Company Phone No.)

 (City/State/Zip)

 (Facility/Company Fax No.)

 (Mailing Address of Facility/Company, if Different)

 Print Name Of Apprentice

 (City/State/Zip)

 Signature Of Apprentice

 (County)

EMPLOYMENT DATES

Note: If Employment is on a seasonal basis, give specific beginning and ending dates of each season.

From _____ Through _____ From _____ Through _____
 Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

From _____ Through _____ From _____ Through _____
 Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

If currently in your "OFF SEASON" please indicate exact date you will be returning to this facility? _____

TYPE OF FACILITY

Please check one for each category, as applicable for above employment:

Category 1		Category 2		Category 3	
(R) Regulation	(P) Par Three	(E) Private Equity	(N) Private Non-Equity	(M) Military	(U) University
(E) Executive	(D) Golf Range	(G) Municipal	(S) Daily Fee/Semi Private	(I) Industrial	(R) Resort
(G) Golf School	(I) Indoor Facility			(D) Real Estate Development	
				(Z) Resort/Real Estate Development	

DRIVING RANGE: Number of Tee Stations: _____ FACILITY: Number of Holes: _____

CHARACTER COMMENTS & SIGNATURES

Employer May Provide Character Comments (optional): _____

 Signature of Employer / Immediate Supervisor

 Print Name of Employer / Immediate Supervisor

EMPLOYMENT HISTORY RECORD

The information requested below is for the purpose of determining experience credits and **MUST** be provided in order for this application to be processed:

List all employment positions beginning with the 6-month pre-registration period and all subsequent positions held since registering in the Apprentice Program. If you have not submitted Employment Verification forms for any or all of the employment listed below, Employment Verification form(s) must accompany this application.

NAME OF FACILITY CITY/STATE	CAPACITY IN WHICH EMPLOYED EX: DIRECTOR OF GOLF, HEAD PROFESSIONAL, ASSISTANT	DATES OF EMPLOYMENT MONTH/DAY/YEAR	FOR OFFICE USE ONLY
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	
		FROM: THROUGH:	

CALCULATION WORKSHEET (This section is for office use only)

ATTENDANCE AT NATIONAL PGA MULTIDAY WORKSHOPS/SEMINARS

If you have attended PGA of America administered three multi-day workshop/seminars please list in the space below. **Excluding The PGA Professional Golf Management Program Seminars.**

NAME OF WORKSHOP/SEMINAR	DATE(S)	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIFE INSURANCE BENEFICIARY

Designate the beneficiary for your Life Insurance policy. You **must** have a beneficiary listed for your application to be processed.

PRIMARY BENEFICIARY(IES)	
Name: _____	Date of Birth: _____
Social Security Number: _____	Benefit Percent: _____%
Relationship: _____	
Name: _____	Date of Birth: _____
Social Security Number: _____	Benefit Percent: _____%
Relationship: _____	

Note: If beneficiary information changes at any time while you are a PGA member notify the Member Information Services Department at the National Office.

PGA LINKS

In addition to the PGA Membership and Golf Directory, all PGA Professionals will be added to a PGA.com directory unless the exclusion box below is checked:

I **do not** want my name listed in either the PGA.com directory or the PGA Membership and Golf Directory.

In order for PGA Professionals to access their records, all members and apprentices are listed in a separate directory in PGALinks.com, which is accessible by PGA members and apprentices only.

SPOUSE CARD

As a member, you are eligible to request an identification card for your spouse. If you wish to receive this card, please complete the following:

Please indicate Spouse's Name to Be Imprinted on Card

IMPORTANT

All applicants are urged to be factual, as falsification of information could result in disciplinary action against any member or apprentice applicant who completes or verifies this form. **Please sign and date below.**

I agree to abide by all present and future rules and regulations of the Association and the Section with which I may be affiliated.

Applicant's Signature

Date