Application for Employment

Applicants will receive consideration for positions without regard to: race, color, religion, age, sex , sexual orientation, marital status, national origin, citizenship status, disability or any legally protected status.

Are you or any of your relatives an employee or member of either the PGA Golf Club or St. Lucie Trail Golf Club? ◯ Yes ◯ No

If "Yes", you are not eligible for employment with any PGA Management Services, Inc. Companies (PGA Golf Club, PGA Learning Center, St. Lucie Trail Golf Club)

Personal Information

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____ ◯ Home ◯ Cell ◯ Work

Employment Desired

Position Desired? _____

Salary Requirments _____ Date you can start work? _____

How did you hear about this position? _____

Are you currently employed? ◯ Yes ◯ No

If yes, may we contact your current employer? ◯ Yes ◯ No

Do you know anyone that works for Management Services Inc. or any of its affiliates? ◯ Yes ◯ No

If yes, who and of what relation? _____

Can you perform the essential functions of the position for which you are applying? ◯ Yes ◯ No

If no, please explain. _____

Are you eligible to work in the United States? ◯ Yes ◯ No

Are you at least 18 years or older? ◯ Yes ◯ No

Have you ever been terminated from employment or or asked to resign by an employer? ◯ Yes ◯ No

If yes, please provide company names and details _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Seasonal

Can you work overtime? ◯ Yes ◯ No

Can you travel if your position requires it? ◯ Yes ◯ No

Education History

All information must be complete. Please do not reference attached resume.

	Name and Location of School	Course of Study	Number of Years Completed	Degree/Diploma Received
High School				
University/College				
Vocational/ Trade School				
Graduate School				

Describe any specialized training, apprenticeship, skills, and extracurricular activities.

Employment History

Include your last ten (10) to fifteen (15) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From		Employer		Phone Number	
To		Address		Pay Rate	
Job Title		Supervisor			

Summarize the nature of work preformed and job responsibilities

Reason for Leaving

From		Employer		Phone Number	
To		Address		Pay Rate	
Job Title		Supervisor			

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Summarize the nature of work preformed and job responsibilities

Reason for Leaving

References

Name		Occupation	
Address		Phone Number	
Name		Occupation	
Address		Phone Number	
Name		Occupation	
Address		Phone Number	

Please read carefully before signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Management Services Inc. ("MSI"), to hire me. If I am hired, I understand that either MSI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice, "at will" nature. I understand that no representative of Management Services Inc. has the authority to make any assurance to the contrary.

As a part of review of this Application for Employment and continually during my employment with MSI, if I am hired, I authorize MSI to contact references, prior employers, educational institutions, or any other persons or organizations listed. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release MSI, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I attest with my signature below that I have given MSI true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute for the denial of employment or immediate dismissal.

Signature of Applicant _____ Date _____

Please return completed application to

Address Attn: Human Resources
1916 Perfect Drive
Port St Lucie, FL 34986

Tel. number 772-467-1300 x133

Email pgagcjobs@pgahq.com