

**GLASTONBURY HILLS COUNTRY CLUB  
AVAILABILITY RECORD**

(TO BE KEPT BY HIRING MANAGER TO ASSIST IN SCHEDULING)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I am available to work the following hours on the days indicated below: (Please specify A.M. or P.M.)

Monday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Tuesday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Wednesday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Thursday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Friday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Saturday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Sunday                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Please specify if you have any obligations by indicating the day and/or times:  
(Indicate whether school, job, volunteer, vacation, personal, etc.)

Day(s): \_\_\_\_\_

\_\_\_\_\_

Day(s): \_\_\_\_\_

\_\_\_\_\_

If you are employed by another organization, please indicate the day/hours below:  
(Indicate whether it is full-time, part-time, temporary, etc.)

Days: \_\_\_\_\_                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Days: \_\_\_\_\_                      From: \_\_\_\_\_                      To: \_\_\_\_\_



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**GENERAL:**

Special skills, Special Study or Research Work: \_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

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**FORMER EMPLOYERS:**

Month/Date Start	Month/Date End	Name/Address/Phone Number of Company/Employer	Wages	Position	Reason for Leaving
					May we contact? Y/N
					May we contact? Y/N
					May we contact? Y/N
					May we contact? Y/N

Which of these jobs did you like the best and why? \_\_\_\_\_

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**REFERENCES:**

Give the names of three people not related to you, whom you have known for at least five years.

Name	Address/Phone	Business	Years Acquainted

**EMERGENCY:**

In case of emergency notify:

(NAME)

(ADDRESS)

(PHONE)

(RELATIONSHIP)

**APPLICATION CERTIFICATION:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization."

SIGNATURE

DATE

**FOR OFFICE USE ONLY:**

Please be sure to have all paperwork filled out properly, including tax forms and copies of 2 valid forms of ID's. Also have hired employees wages approved below by Frank T. Schroll before submitting and before employee starts work.

INTERVIEWED BY:

DATE HIRED:

COMMENTS:

EMPLOYER/REFERENCE CHECK COMPLETED:

YES

NO

BY WHOM:

DATE:

DEPARTMENT:

REPORTS TO:

POSITION:

SALARY/WAGES:

NEW HIRE AND WAGE AUTHORIZATION BY FRANK T. SCHROLL:

FRANK T. SCHROLL

DATE