



Today's Date \_\_\_\_\_

- Location:  **Plum Creek Golf Club-** Foresight Plum Creek LLC  
 **The Bandit Golf Club** – Foresight Golf Partners, 2001, Ltd.  
 **The Buckhorn Golf Course** – Buckhorn Golf II, Ltd.  
 **Pecan Valley Golf Club** – PVG 2008, Ltd.  
 **The Republic Golf Club** – The Republic Golf Club, Ltd.

Please read all sections of the application and complete thoroughly, legibly, and accurately. Foresight Golf, LLC Management is an Equal Opportunity Employer. This application will be considered active for 45 days. If you are interested in employment after that time, please confirm by phone or reapply. *Note: This application must be completed regardless of submission of resume.*

### PERSONAL INFORMATION

Name \_\_\_\_\_  
 Last First MI (Any other name under which worked)

Mailing Address \_\_\_\_\_  
 Street City/State Zip

Home Phone No. \_\_\_\_\_ Alter. Phone No \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Expected Salary \$ \_\_\_\_\_

Social Security Number \_\_\_\_\_ Available Start Date: \_\_\_\_\_

If hired, can you submit proof of legal authorization to work in the United States? \_\_\_\_\_  
 Are you available to work: FT  PT  Weekends  Holiday

#### Training

Please note any training/skills you feel would be helpful in evaluation of your application, i.e. heavy equipment, carpentry, masonry, computer operation, trade school courses, military service, etc.

#### Other Information

Please indicate in which language(s), other than English, you can:  
 Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**Have you been convicted**, pled guilty, or received deferred adjudication for the commission of a felony within the past 7 years?  Yes  No

*If yes, please give date and nature of offense.* (A conviction will not necessarily be a bar to employment.)

May we contact your present employer, if any?  Yes  No

(Acceptable references are a prerequisite of any offer of employment.)

## PRIOR WORK EXPERIENCE

Please list all jobs you have held, beginning with the most recent, and explain any significant gaps in employment. All work references will be verified. **Please complete this section fully, even if you have submitted a resume. If you have had more than 3 previous jobs, please list additional jobs on a separate paper.**

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

## **Applicant Statement**

I certify under penalty of perjury that the information I have given in this application is true and correct to the best of my knowledge. I understand that my falsification, omission or misstatement of information on this application or at any time during my employment application process will result in the refusal to hire me or, if hired my dismissal from employment.

I understand that nothing in this application, stated during my interview or referenced in my employment offer is intended to create a contract of employment. The employment relationship between us is "at-will", which means that either my Employer or I may end the relationship at any time, for any reason, with or without cause and with or without notice. I understand that the "at-will" nature of employment can only be modified by writing signed by the Employer's Chief Operating Officer. I also understand that, if hired, I will have to comply with all of the Employer's policies and that those policies and benefits may be modified or discontinued at the Employer's sole option, with or without prior notice.

I authorize this Employer to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment-related purpose permitted by law. I authorize the disclosure of any requested information, including the facts and dates of my past employment, titles, wages, and the reasons for and circumstances surrounding my separation. I release, hold harmless, and waive any claims I may have against the Employer, former employers, and other persons and entities (whether or not identified herein) for any loss or injury I may sustain as a result of any disclosure made to the Employer related to this investigation.

I understand that Foresight Golf, LLC strives to maintain a drug-free workplace and that there is a drug/alcohol policy in effect that may require me to cooperate in drug/alcohol testing as a condition of employment.

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Applicant Signature

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Date

## **AUTHORIZATION FOR BACKGROUND CHECKS & DRUG TESTING**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Foresight Golf, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Foresight Golf, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

At this time, I also certify that I do not have any detectable amounts of prohibited substances in my system at the time of pre-employment drug screen. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination. I understand and agree to comply with random drug testing throughout my employment, should my supervisor request testing.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed