



Tam-O-Shanter CC - 5051 Orchard Lake Rd. - West Bloomfield, MI - 48323  
 248-855-1900

## APPLICATION FOR EMPLOYMENT

### **Section I: General Information**

Name: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip Code

E-mail: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired (Be Specific): \_\_\_\_\_

Days/Hours Available to Work: No Pref \_\_\_\_\_ Friday \_\_\_\_\_  
 Monday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Tuesday \_\_\_\_\_ Sunday \_\_\_\_\_  
 Wednesday \_\_\_\_\_

Employment Desired: Full Time \_\_\_ Part Time \_\_\_

Date available to begin work: \_\_\_\_\_

Are you on a lay-off and subject to recall? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions associated with the job for which you have applied with or without accommodation for a protected disability or religious practice? Yes \_\_\_ No \_\_\_

(The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the position and the hardship it would impose on the Club)

Have you ever been convicted (including a plea of guilty or no contest) of a crime (misdemeanor or felony) by a court, including a military court? If so, list charge/date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Are there felony charges pending against you? If so, list charge/date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Answering yes to the above questions does not automatically exclude applicant from employment.

Do you have the legal right to work in the US? Yes \_\_\_ No \_\_\_

Have you filed an application with Tam-O-Shanter before? Yes \_\_\_ No \_\_\_

If yes, give dates and positions applied for: \_\_\_\_\_

Have you ever been employed by Tam-O-Shanter before? Yes \_\_\_ No \_\_\_

If yes please list:

Dates employed: \_\_\_\_\_

Positions worked: \_\_\_\_\_

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

\_\_\_\_\_

Are any of your relatives or any persons living in your household employees or former employees of Tam-O-Shanter? Yes \_\_\_ No \_\_\_

If yes, please list the individual(s) name(s), their position(s), relation, and dates of employment:

## **Section II: References**

*Please give the name of three persons not related to you, whom you have known for at least one year.*

(check box if references are included on a separate sheet)

### ***Professional References***

<b>Name</b>	<b>Address &amp; Phone</b>	<b>Occupation/Relationship</b>	<b>Years known</b>

**Section III: Qualifications**

(check box if resume included in lieu of completing this section)

***Education***

High school or prep school: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Diploma: Yes \_\_\_ No \_\_\_ GED: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Name of school and location	Major	Degree, Diploma or Certificate Obtained	GPA	Scholarship or Awards
College/University:				
College/University:				
College/University:				

***Military Service Record***

Branch of Service:	Type of Discharge, Discharge Date, and Rank at discharge:

***Professional Licensing and Accreditation***

Designation	Certification/License #	Reciprocal or Original	State/Sponsor	Expiration Date

Have you ever held a professional license, certification, or registration, including those listed above, which has been suspended, revoked, or against which points have been assessed? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Are proceedings pending to suspend or revoke such a license? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

***Driver's License***

Do you have a driver's license? Yes \_\_\_ No \_\_\_ Driver's license number: \_\_\_\_\_

State of issue: \_\_\_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_ Expiration date: \_\_\_\_\_

Have you had any accidents during the past three years? Yes \_\_\_ No \_\_\_

If yes, please state the number of accidents: \_\_\_\_\_

Have you had any moving violations during the past three years? Yes \_\_\_ No \_\_\_

If yes, please state the number of violations: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Are proceedings pending to suspend or revoke your driver's license? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**Employment**

May we contact your present employer? Yes \_\_\_ No \_\_\_

Previous employers? Yes \_\_\_ No \_\_\_

Present or last employer:		
Address:		
Supervisor's name and phone:		
Type of business:		
Period of employment:	Start:	End:
Salary:	Start:	End:
Your position and duties:		
Reason for leaving:		
VOLUNTARY/INVOLUNTARY (CIRCLE ONE)		

Previous employer:		
Address:		
Supervisor's name and phone:		
Type of business:		
Period of employment:	Start:	End:
Salary:	Start:	End:
Your position and duties:		
Reason for leaving:		
VOLUNTARY/INVOLUNTARY (CIRCLE ONE)		

Previous employer:		
Address:		
Supervisor's name and phone:		
Type of business:		
Period of employment:	Start:	End:
Salary:	Start:	End:
Your position and duties:		
Reason for leaving:		
VOLUNTARY/INVOLUNTARY (CIRCLE ONE)		

Have you ever been discharged or suspended from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list employer(s) and explain: \_\_\_\_\_

Have you ever been asked to resign your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list employer(s) and explain: \_\_\_\_\_

Have you signed a non-compete or confidentiality agreement with a current or prior employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the date(s) of the agreement(s), with whom you entered into each agreement and a copy of the agreement(s): \_\_\_\_\_

### **Section IV: Acknowledgments**

Are there any achievements or other matters you wish to mention? For example, you may use this space to summarize special skills and qualifications acquired from employment or other experience. If you speak a foreign language fluently, and believe that will enhance your service as an employee, please specify this skill.

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In return for being considered for a position with Tam-O-Shanter, I agree as follows:

I affirm that the facts set forth above are true and complete to the best of my knowledge. False statements or omissions in this application may result in a refusal to hire, revocation of an offer of employment, or termination of employment whenever they may become known.

I authorize Tam-O-Shanter or its representative to investigate thoroughly my education, work and professional history and verify all data provided. I release Tam-O-Shanter from any liability, which might arise from such an investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I agree to submit to a background check, including drug testing, if requested by Tam-O-Shanter I release Tam-O-Shanter, and its representatives or agents, from any liability arising out of or relating in any way to such testing. I understand that hiring is contingent upon receipt of satisfactory results.

I agree that if I am employed by Tam-O-Shanter, the employment relationship is “at-will” which means that either Tam-O-Shanter or I may terminate the employment relationship at any time with or without cause or notice. As a condition of application for employment and for employment, if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with Tam-O-Shanter more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of and I agree to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period), to the extent permitted by applicable law. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 calendar days, I agree and understand that any employer action that is the subject of a lawsuit or action, including those related to discrimination, benefits, termination of employment, or other terms or conditions of employment, is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires) and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including continuing violations and employee agrees to waive the application of continuing violations doctrines. This provision does not prohibit the timely filing of a charge of discrimination under federal or state law with an administrative agency and the agency’s right to investigate is maintained. Further, filing a charge or claim with an administrative agency, including the EEOC tolls (holds in abeyance) the 180 calendar day period for my filing of a civil suit and if I wish to obtain individual relief. The period for filing claims will begin to run again once the administrative agency dismisses the claim. I understand that any lawsuit must be file within 180 days of the complained of action.

I understand and agree that no manager, supervisor or representative of Tam-O-Shanter other than the General Manager has the authority to enter into any agreement for employment for any specified period of time or enter into any agreement contrary to the “at-will” employment relationship or the time limitation on claims. Further, I understand that to be binding, such an agreement must be in writing directed to me personally, and signed by both the General Manager and me.

No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the “at-will” employment relationship. While the “at-will” employment relationship can only be modified as set forth above, I recognize that if I am employed by Tam-O-Shanter I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by the Club with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by the Club. I also understand and agree that my employment will be subject to employment polices that the Club adopts.

I have read, understand, and agree to the above statements and conditions of employment.

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

**It is the policy of Tam-O-Shanter not to discriminate in employment and personnel practices because of a person’s race, color, creed, religion, sex, national origin, age disability, or any other basis protected by federal, state, or other applicable law.**