



The Carlyle Club
EMPLOYMENT APPLICATION
 An Equal Opportunity Employer
Complete and fax to 703-683-3652

PERSONAL INFORMATION													
Name (Last, First)							E-Mail Address						
Present Address					City				State		Zip Code		
Permanent Address					City				State		Zip Code		
Phone #				Are you legally eligible to work in this country?				Are you over age 18?					
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYMENT DESIRED													
Position					Date Available				End Date (if seasonal)				
EDUCATION													
Name & Location of School					Years Attended		Did You Graduate?		Subjects Studied				
High School													
College													
Trade/Business School													
GENERAL INFORMATION													
Special Training or Skills													
PREVIOUS EMPLOYERS													
Date Month and Year		Name & Address			Supervisor & Phone #			Position			Reason for leaving		
From													
To													
From													
To													
From													
To													
HOURS AVAILABLE													
Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To
EMERGENCY CONTACT													
Name (Last, First)							Phone #						

DISCLAIMER AND AUTHORIZATION:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any of the persons and organizations listed on this application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for employment, I agree to conform to the rules and regulations of the company. I acknowledge that the rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option without notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this agreement.

I have read and understand this agreement.

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE			
Interviewed by		Date	
Notes			
Hired ___ Yes ___ No	Position	Starting Date	Hourly Rate \$