



Trump National Golf Club

Employee Application Form
You must fill out ALL Sections



Today's Date

General Information	Last Name		First Name		Middle Name	
	Day Phone Number (Include Area Code)			Evening Phone Number (Include Area Code)		
	Present Address (Number and Street, P.O. Box)		City	State	Zip Code	
	Former Address (Number and Street, P.O. Box)		City	State	Zip Code	
	For what type(s) position(s) are you applying?					
Work History	CURRENT OR LAST EMPLOYER			Work Phone Number		
	Supervisor's Name, Title and Phone Number			Nature of Business		
	Address (Number and Street)		City	State	Zip Code	
	May we contact your current employer? (check)			Yes		No
	Starting Date	Ending Date	Starting Salary	Ending Salary		
	Job Title					
	Describe your duties, tasks performed, skills exhibited, accomplishments					
	Reason for Leaving					



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	PREVIOUS EMPLOYER	Work Phone Number		
	Supervisor's Name, Title and Phone Number	Nature of Business		
	Address (Number and Street)	City	State	Zip Code
	May we contact your current employer? (check)		Yes	No
	Starting Date	Ending Date	Starting Salary	Ending Salary
	Job Title			
	Describe your duties, tasks performed, skills exhibited, accomplishments			
Reason for Leaving				
	PREVIOUS EMPLOYER	Work Phone Number		
	Supervisor's Name, Title and Phone Number	Nature of Business		
	Address (Number and Street)	City	State	Zip Code
	May we contact your current employer? (check)		Yes	No
	Starting Date	Ending Date	Starting Salary	Ending Salary
	Job Title			
	Describe your duties, tasks performed, skills exhibited, accomplishments			
Reason for Leaving				
Education	High/Prep School	City	State	
	Name of School			
	Did you graduate?	Scholastic Average		Course/Major
	College 1	City	State	
	Name of School			
Did you graduate?	Year of Graduation	Scholastic Average	Course/Major	
Degree Earned				



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	College 2 Name of School	City	State	
	Did you graduate?	Year of Graduation	Scholastic Average	Course/Major
	Degree Earned			
	Graduate/Technical Name of School	City	State	
	Did you graduate?	Year of Graduation	Scholastic Average	Course/Major
	Degree Earned			
Security Data	Have you ever been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime Control and Law Enforcement Act of 1994?			
	_____ Yes	_____ No		
	In the past seven years, have you been released from prison or convicted of a crime? Do not include minor motor vehicle violations and convictions that have been annulled or sealed by a court.			
	_____ Yes	_____ No		
	If yes to either question, please explain the circumstances of the conviction(s), including the date, nature, town or city, and state of the offense, disposition and any other information you may want to bring to our attention.			
Vehicle Record	Answer the following questions unless you have been told you will not use a motor vehicle for company business.			
	Driver's License Number	State		
	Have you had any motor vehicle accidents or been found guilty of motor vehicle violations within the past three years? If yes, explain.			
	_____ Yes	_____ No		
	Do you hold a drivers license in good standing?			
	_____ Yes	_____ No		
Applicant Certification				
This certifies that all information I have given in this application, including the attached resume, if any, is accurate and complete to the best of my knowledge. I understand that omissions and misstatements in this application and attachments may be grounds for rejection of application or termination of my employment.				
Name _____		Date _____		