



# Golf Management Solutions, LLC

Build your future! Join our team! An Equal Opportunity Employer

***Our Mission is to provide the friendliest  
golf and country club experience in the world!***

*GMS is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.*

**Please print and complete this entire application.**

Applicants Legal Name: \_\_\_\_\_ Village: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 ( ) (Telephone #) ( ) (Cell Phone #) \_\_\_\_\_ (Email Address)

**Please indicate which Country Club/Dept. you are applying for by checking the appropriate box(es)**

<u>North of 466</u>	<u>South of 466</u>	<u>South of 466-A</u>
Glenview <input type="checkbox"/>	Cane Garden <input type="checkbox"/>	Belle Glade <input type="checkbox"/>
Golf Admin <input type="checkbox"/>	Golf Acad. @ Palmer <input type="checkbox"/>	Bonifay <input type="checkbox"/>
Hacienda Hills <input type="checkbox"/>	Havana <input type="checkbox"/>	Custom Club Shop <input type="checkbox"/>
Lopez <input type="checkbox"/>	Mallory Hill <input type="checkbox"/>	Evans Prairie <input type="checkbox"/>
Orange Blossom <input type="checkbox"/>	Palmer <input type="checkbox"/>	Golf Acad. @ Sarasota <input type="checkbox"/>
Tee Time Office <input type="checkbox"/>	Receiving & <input type="checkbox"/>	Village of Fenney <input type="checkbox"/>
Tennis <input type="checkbox"/>	Distribution/Havana	
Tierra Del Sol <input type="checkbox"/>		

**Indicate which position(s) you are applying for by checking the appropriate box.**

Administrative <input type="checkbox"/>	Outside Golf Staff <input type="checkbox"/>
Building Maint. <input type="checkbox"/>	PGA Pro <input type="checkbox"/>
Cleaner <input type="checkbox"/>	Pool <input type="checkbox"/>
Club Repair <input type="checkbox"/>	Tennis Maint. <input type="checkbox"/>
Driving Range <input type="checkbox"/>	Tennis Shop Sales <input type="checkbox"/>
Golf Shop Sales <input type="checkbox"/>	Receiving/Distribution/ Driver <input type="checkbox"/>
Golf Shop Inventory Coordinator <input type="checkbox"/>	

**Date Available** \_\_\_\_\_ **I understand I must be available to work any day/shift? YES** \_\_\_\_\_

**PLEASE COMPLETE EACH QUESTION**

- |       |   |     |    |
|-------|---|-----|----|
| 1.    | Are you a “year round” resident?  | Yes | No |
| 2.    | Do you have transportation to work?   | Yes | No |
| 3.    | Do you object to working overtime if necessary?   | Yes | No |
| 4.    | Have you ever been previously employed by GMS?  | Yes | No |
| 5.    | Have you previously applied for a job at GMS?   | Yes | No |
| 6.    | Are you over 18 years of age?   | Yes | No |
| 7.    | Have you been convicted of a crime in the last 7 years?<br>(a conviction will not automatically bar employment) If yes, please explain below: | Yes | No |
| <hr/> |   |     |    |
| 8.    | Do you have a valid drivers license from Florida or another state?<br>If from another state, which state? _____                               | Yes | No |
| 9.    | Has your drivers license ever been revoked or suspended?<br>If yes, please explain: _____   | Yes | No |
| <hr/> |   |     |    |
| 10.   | Are you able to read, speak and write English fluently?   | Yes | No |
| 11.   | Please explain why you are interested in working for Golf Management Solutions (GMS):   |     |    |
| 12.   | How many years have you been playing Golf?  |     |    |
| 13.   | How many years have you been playing Tennis?  |     |    |
| 14.   | Explain the difference between a “Shotgun Start” and the “Wave”:  |     |    |
| 15.   | What are some of the actions that define “Proper Golf Course Etiquette”?  |     |    |
| 16.   | What is the purpose of a USGA handicap?:  |     |    |
| 17.   | How were you referred to GMS?   |     |    |
| 18.   | If a current GMS employee referred you, please provide their name:  |     |    |

**EMPLOYMENT HISTORY**

*Please provide employment information for your last 3 employers AND at least 10 years work history. This application must be completed in its entirety even if you are including a resume. If additional space is needed, please use page 6. If self employed, please provide name of partner, accountant, attorney, vendor or customer who can verify your ownership.*

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**Employer #1**

\_\_\_\_\_ Company Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_

Job Summary \_\_\_\_\_

\_\_\_\_\_

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

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**Employer #2**

\_\_\_\_\_ Company Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

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

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**Employer #3**

\_\_\_\_\_ Company Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

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

## Other Skills and Qualifications

Describe your **Retail** experience:

Describe your **Sales** experience:

Describe your **Computer** experience:

What method do you use to make a tee time? (computer/phone)

Summarize any job related or technical training, skills, licenses, certificates, and/or other qualifications:

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## Educational History

(List school name and location, # of years completed, course of study and any degrees earned)

### **High School**

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### **College**

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## References

List 3 personal references (no relatives or former employers and preferably someone you have known for 10+ years). Please provide name, telephone # and years known.

<b>1.</b>	<hr/>	(    )	<hr/>
	Name	Telephone #	Years Known
<b>2.</b>	<hr/>	(    )	<hr/>
	Name	Telephone #	Years Known
<b>3.</b>	<hr/>	(    )	<hr/>
	Name	Telephone #	Years Known

## Notice to Applicants

***Please read the following statements carefully before you sign and return your application.***

I hereby authorize GMS, to contact, obtain, and verify the accuracy of the information contained in this application. I authorize all persons, educational institutions, corporations, companies, agencies and references to supply any information concerning my background. This includes authorizing the release of information about non-judicial punishment that might have occurred in any branch of the military service. If an official background check of my credit and criminal history is needed, a separate Disclosure Statement and Authorization will be provided to me.

I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

***I have read, understand, and agree to this statement. (Please initial here)*** \_\_\_\_\_

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

***I have read, understand, and agree to this statement. (Please initial here)*** \_\_\_\_\_

I understand that it is the policy of GMS not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADAAA.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

***I have read, understand, and agree to this statement. (Please initial here)*** \_\_\_\_\_

I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of Golf Management Solutions.

***I have read, understand, and agree to this statement. (Please initial here)*** \_\_\_\_\_

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

