

GRAHAM GOLF CAR, INC EMPLOYMENT APPLICATION

It is the policy of GRAHAM GOLF CARS, INC. to provide equal employment and advancement opportunities on the basis of merit within the context of its unique business environment, and without regard to race, color, creed, religion, national origin, sex, sexual orientation, marital status, veteran status, status with regard to public assistance, membership or activity in a local commission, genetic information, disability or age to all qualified applicants and employees in all aspects of the employment relationship, including but not limited to recruitment, hiring, employment, job assignment, training, promotion, termination, compensation and benefits.

GRAHAM GOLF CARS, INC. retains the right to terminate its employees at any time for any reason not prohibited by law. Employees have the right to resign employment at any time for any reason (subject to the employer's notice request or requirement, if any). These mutual rights constitute GRAHAM GOLF CARS, INCS' at-will employment policy.

PERSONAL INFORMATION:						
First Name	Last Name _					
Street Address						
City, State, Zip Code						
Phone #: ()	Email:					
POSITION APPLIED FOR:						
TOSTITON ATTEMED FOR.						
Office/Administration		Mechanic				
Sales Associate		Delivery Driv	/er			
Parts Associate		Rental Atten				
Service Associate		<u> </u>	,			
What date are you available to start work?						
How many hours would you like to work each week?						
Are you available on weekends and holidays during the summer months? Yes No Please						
list your work availability below (shifts begin as early as 7:00am and end as late as 6:00pm):						
Monday Tuesday W	ednesday Thursday	Friday	Saturday	Sunday		

If applicable for the po	sition, do you have a valid dr	iver's license? Yes	SNo	
Are you eligible to wor	k in the United States?	Yes	s No	
EDUCATION:				
School High School or GED College, Vocational (or other Training Cert	Location (City, State) ificate)		Graduated? Yes No Yes No	
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EMPLOYMENT HI	STORY:			
PRESENT OR LAST	POSITION:			
Employer:				
Address:				
Supervisor:				
Phone:	Emai	1:		
Position Title:	From	.:To:		
Responsibilities:				
Reason for Leaving:		May we contac	t this employer?	Yes No

PREVIOUS POSITION:	
Employer:	
Address:	
Supervisor:	
Phone: En	mail:
Position Title: Fr	om: To:
Responsibilities:	
Reason for Leaving:	May we contact this employer? Yes No
REFERENCES (Please list 3 refernces):	
Name:Phone:	
Name: Phone:	Relationship:
Name:Phone:	
HOW DID YOU HEAR ABOUT US? Check	the box that applies.
 Recommended by a friend or family member If yes, who? Word of mouth Social Media Web search Other 	
•	nation is true and complete. I understand that false information may be nation of employment at any point in the future if I am hired. I n listed above.
Signature	Date