

# Employment Application

RECREATION DEVELOPMENT ASSOCIATION  
DBA The Pointe Golf and Event Center  
212 Truman Lane Elk Point, SD 57025  
605-356-2874

It is the policy of RDA to provide equal employment opportunities to all applicants and employees without regard to a legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

NAME:

\_\_\_\_\_

Last	First	Middle	Social Security Number
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PRESENT ADDRESS:

\_\_\_\_\_

Street	City	State	Zip
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Contact Number: \_\_\_\_\_ ARE YOU 18 YEARS OF AGE OR OLDER? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position Applying for: \_\_\_\_\_ Bartender \_\_\_\_\_ Wait Staff \_\_\_\_\_ Short Order Cook

Date you can Start \_\_\_\_\_ Hourly Rate Desired \_\_\_\_\_

Who referred you? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No- please state your limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If offered employment, when would you be able to begin work? \_\_\_\_\_

Date

Have you ever been convicted of any crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
\_\_\_\_\_

Skills pertaining to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Date Month

and Year	Name and Address of Employer	Position	Reason for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Over >

References:

Give the names of three persons not related to you, whom you have known at least one year.

Name	Contact Number	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be basis for rejection of my application, or if employment commences immediate termination.

I authorize RDA to contact former employers. I authorize my former employers to fully and freely communicate information regarding my previous employment and attendance.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by the Manager, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons or my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of RDA, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

Emergency contact:

Name	Address	Phone	Relationship
_____	_____	_____	_____

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Date Reporting to work: \_\_\_\_\_