

Frontier Golf is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or local law.

PERSONAL INFORMATION

Name: (Last, First, Middle)				
Permanent Address:				
City:	State:	Zip Code:	Primary Phone Number:	E-Mail Address:
Are you at least 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO NO Proof of Citizenship or immigration status will be required if hired.	
Have you worked for Frontier Golf in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list dates and position(s) held:				

EMPLOYMENT DESIRED

Position Applied For:	Salary Requirements:
Date available to start:	Will accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary
Available to work: <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime	If applying for temporary work, what time frame are you available?
Are you bound by an existing employment agreement that would limit or restrict your ability to work at Frontier Golf? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe the restrictions. You may be asked to provide a copy of the existing agreement.	
If referred by a Frontier Golf employee, please identify him/her:	
Are you related to any member of Frontier Golf (per company policy, employment of relatives in certain positions may not be permitted): <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, and if known, please identify their position:	

EDUCATION

	Name/Address of School	Did you graduate?	Course of Study and/or Degree(s) Received
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Post College		<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL SKILLS

Please note any special skills, training (**including military**), foreign languages read or spoken, and/or certifications relevant to the position for which you are applying.

WORK EXPERIENCE

Start with your most recent position and list your work experience for the last (10) years.

From:	To:	Position/Title:
Employer:	Type of Business:	Address/Phone:
Starting Salary/Rate:	Ending Salary/Rate:	Reason for Leaving:
Immediate Supervisor/Phone Number:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
From:	To:	Position/Title:
Employer:	Type of Business:	Address/Phone:
Starting Salary/Rate:	Ending Salary/Rate:	Reason for Leaving:
Immediate Supervisor/Phone Number:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
From:	To:	Position/Title:
Employer:	Type of Business:	Address/Phone:
Starting Salary/Rate:	Ending Salary/Rate:	Reason for Leaving:
Immediate Supervisor/Phone Number:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
From:	To:	Position/Title:
Employer:	Type of Business:	Address/Phone:
Starting Salary/Rate:	Ending Salary/Rate:	Reason for Leaving:
Immediate Supervisor/Phone Number:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES *Please provide three (3) professional references that you have known at least one year. Do not list relatives.*

Name:	Address/Phone:	Business:
Name:	Address/Phone:	Business:
Name:	Address/Phone:	Business:

APPLICANT STATEMENT FOR FRONTIER GOLF

I certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts on these documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I authorize Frontier Golf to thoroughly investigate my personal employment, educational, financial (if applicable to the job) and other related matters as may be necessary for an employment decision. I release former employers, references, schools, and any others who have information about me to provide such information to Frontier Golf and/or any of its representatives and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that if offered a position with Frontier Golf I may be required to submit to a pre-employment medical examination, drug screening, background and/or criminal check as a condition of employment. I understand that any unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of, any of these pre-employment tests/checks will result in withdrawal of any employment offer or termination of employment if already employed. I understand that submission of an application does not guarantee employment. In the event of employment, I agree to conform to the policies of Frontier Golf. I understand that if employed, my employment is at-will, which means that it is not for a specified period and that I, or Frontier Golf, may terminate the employment relationship at any time with or without prior notice for any reason. I understand that none of the documents, policies, procedures, actions, statements of Frontier Golf, or its representatives used during the employment process is deemed a contract of employment real or implied (unless otherwise stated, in writing, by an authorized representative of Frontier Golf). I understand that my application will remain active for 90 days. After this period, I must submit a new application to be considered for employment. By signing, I have read, understood and agree to the above statements.

Signature: _____ Date: _____

OPERATOR LICENSES

List all current and valid driver licenses and/or permits.

Type	License Number	Issuing State	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☐ NO
 2. Have you ever had a license, permit or privilege suspended or revoked? ☐ YES ☐ NO

If you answered yes to either question, provide details:

Equipment Class		Dates		Years of Experience
		From	To	
Straight Truck	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor and Flat Bed/Low Boy	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Tractor and Semi-Trailer(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Motor Coach/School Bus	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Bulldozer	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Excavator	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Skid Steer	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Other types of vehicles or construction equipment:

ACCIDENT HISTORY

Date	Nature of accident (head-on, rear-end, upset, etc.)	
		<input type="checkbox"/> Fatalities <input type="checkbox"/> Injuries <input type="checkbox"/> N/A
		<input type="checkbox"/> Fatalities <input type="checkbox"/> Injuries <input type="checkbox"/> N/A
		<input type="checkbox"/> Fatalities <input type="checkbox"/> Injuries <input type="checkbox"/> N/A

DRIVING VIOLATIONS

List all violations of motor vehicle laws or ordinances (other than parking tickets) for which you were convicted, forfeited bond or collateral in the last three (3) years.

Date	Violation	Date	Violation
1.		5.	
2.		6.	
3.		7.	
4.		8.	

APPLICANT CERTIFICATION: I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations. This certifies that all entries were completed by me and the information is true and complete to the best of my knowledge.

Applicant Name (print clearly): _____

Applicant Signature: _____

Date: _____