



## Independent Affiliate Application

It is the policy of Caldwell Golf Co., Inc. to provide equal opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

**Note:** Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

I am an U.S. Citizen  **Yes**  **No**

Not a U.S. Citizen but authorized to work in the United States on an unrestricted basis:  **Yes**  **No**

Have you ever been convicted of a felony?  **Yes**  **No**

If you answered yes, please explain:

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

Have you ever served in the U.S. Military?  **Yes**  **No**

If yes, please provide the following information:

Branch of Service: \_\_\_\_\_ Rank at time of separation: \_\_\_\_\_

I served from \_\_\_\_\_ to \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## **EMPLOYMENT HISTORY:**

### **Present or Most Recent Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Prior Employer**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact?  Yes  No  
Name Title

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION**

### *High School*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No Attended from \_\_\_\_\_ to \_\_\_\_\_.

If you did not graduate, did you receive your GED?  Yes  No

Special honors or awards: \_\_\_\_\_

### *College or University*

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

### **Golf Skills & Qualifications**

Have you attended a Golf College or School?  Yes  No

If yes, please explain:

\_\_\_\_\_

Years in golf \_\_\_\_\_ Current Handicap \_\_\_\_\_ Lowest (ever) Handicap \_\_\_\_\_

Teaching experience (Golf) \_\_\_\_\_ Years What Location(s):

\_\_\_\_\_

Does your experience qualify you to hold "kids clinics"?  Yes  No

Are you affiliated with a driving range or golf course?  Yes  No

If yes, please explain:

\_\_\_\_\_

Computer skills:

\_\_\_\_\_

Languages Spoken (other than English):

\_\_\_\_\_

How did you hear about this Opportunity? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you be able to start? \_\_\_\_\_

### **Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances of being approved as an Independent Affiliate (IA). I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if engaged as an IA by Caldwell Golf, terms for my immediate expulsion from the company. \_\_\_\_\_

I understand that if I am approved as an IA, that my services can be terminated at any time either with or without prior notice, by either me or the company. \_\_\_\_\_

I permit Caldwell Golf to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fax signed copy to 760 602 8295  
or Mail signed copy to / Caldwell Golf Careers - 2131 Las Palmas Dr. - Carlsbad, Ca. 92011

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

---