



## APPLICATION FOR NCGA SUPERINTENDENT INTERN PROGRAM

**PLEASE NOTE: All applications must be received by November 3, 2009**  
**A cover letter and current resume must be included with application. A list of references is also recommended.**

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### PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Present Address - Number and Street	City	State
		Zip
Resident Telephone Number: ( ) ( ) ( )	Cell Phone Number: ( ) ( ) ( )	
E-Mail Address:		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
How did you learn about the NCGA Superintendent Intern Program? <input type="checkbox"/> GCSAA website <input type="checkbox"/> Friend <input type="checkbox"/> TurfNet website <input type="checkbox"/> Instructor <input type="checkbox"/> NCGA Website <input type="checkbox"/> Other – Please list:		
Do you have the legal right to work and be employed in the United States on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of identity and legal authority to work in the U.S. is a condition of employment)</i>		
When would you be available to start working?		

### EDUCATION:

College or University	Name and Location of School	Credits/Units Completed	Did you Graduate?	List Degree or Diploma	Major Studies (Indicate Graduate Study if Applicable)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: Technical, Trade, Business, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

### LICENSES and CERTIFICATES

Description (State: Professional, Trade, etc.)	Certificate No.	Issued By	Expiration Date

**EMPLOYMENT HISTORY:** Begin with your most recent experience and account for all time during the **last five years**. If additional space is required attach additional sheets. ALL AREAS OF APPLICATION MUST BE COMPLETED. **RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED APPLICATION.**

Date (Month and Year)	Employer's Name and Address	Job Titles and Duties
From:		
To:		
Total Yrs.      Mos.		
Reason for Leaving:		Did you supervise?      If Yes, Number of Employees:
Monthly Salary \$	Hours Per Week	Supervisor's Name and Phone No.:

Date (Month and Year)	Employer's Name and Address	Job Titles and Duties
From:		
To:		
Total Yrs.      Mos.		
Reason for Leaving:		Did you supervise?      If Yes, Number of Employees:
Monthly Salary \$	Hours Per Week	Supervisor's Name and Phone No.:

Date (Month and Year)	Employer's Name and Address	Job Titles and Duties
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Date (Month and Year)	Employer's Name and Address	Job Titles and Duties
From:		
To:		
Total Yrs.      Mos.		
Reason for Leaving:		Did you supervise?      If Yes, Number of Employees:
Monthly Salary \$	Hours Per Week	Supervisor's Name and Phone No.:

Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?  Yes  No  
(Do not disclose misdemeanor convictions related to the possession or use of marijuana more than two years ago.)  
If yes, state when, where and the nature of such conviction:

Are you related to any NCGA, Poppy Hills GC or Poppy Ridge GC employee?  Yes  No

May we contact your current or most recent employer? If no, please state the reason.  Yes  No

**DIRECTIONS: Please read the following carefully before signing application.**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and the potential hiring process; if discovered after my employment, such false statements will be sufficient reason for dismissal from the services of the Northern California Golf Association Superintendent Intern Program regardless of the time that has elapsed before discovery.

I authorize the Northern California Golf Association to contact my references and to investigate my past employment, education credentials and other employment-related activities.

I understand that filing this application in no way assures me a position with the Northern California Golf Association Superintendent Intern Program, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of the Northern California Golf Association and host golf course.

If employed at a host course in conjunction with the Northern California Golf Association Superintendent Intern Program, I agree to abide by the rules, policies and procedures of the host course and subsequent rules, policies and procedures that may become effective after employment.

Signature of Applicant:	Date:
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Use computer/typewriter or *print in ink*. All answers must be complete and legible. Use computer/typewriter or *print in ink*. All answers must be complete and legible. Candidates chosen to participate in the NCGA Superintendent Intern Program will be employees of the golf course hosting the intern. **Chosen candidates are not employees of the NCGA.**

Mail your application and resume to:  
**Northern California Golf Association**  
**Attn: Superintendent Intern Coordinator**  
**P.O. Box NCGA**  
**Pebble Beach, California 93953**

Or e-mail to Mike McCullough:  
[mike@ncga.org](mailto:mike@ncga.org)

Applications must be received by  
**November 3, 2009.**

**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**