

PLEASE SEND COMPLETED FORM WITH RESUME AND COVER LETTER TO:
newsubmissions@denehyctp.com



Candidate Personal Profile – GOLF COURSE SUPERINTENDENT

Personal Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email: _____

What social media tools are you currently utilizing?

- Facebook : _____ LinkedIn: _____
 Twitter: _____ YouTube: _____
 Instagram: _____ Other: _____

How did you hear about us?

Education & Certifications

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Institution name: _____ Location: _____
Degree earned: _____ Dates attended: _____

Other industry aligned courses of study:

_____ Dates attended/completed: _____
_____ Dates attended/completed: _____
_____ Dates attended/completed: _____

Certifications

GCSA Classification: _____ Status: _____
Year certified: _____ GCSAA Chapter: _____

PGA Classification: _____ Status: _____
Year certified: _____ PGA Section: _____

CCM Classification: _____ Status: _____
Year certified: _____ CMAA Chapter: _____

Audubon Cooperative Sanctuary Program
Year certified: _____ Status: _____

Other *(please list, describe, and provide date of completion)*

Awards/Recognitions: _____

Employer Information

1. Present/most recent employer: _____

Position/Title: _____ Start date: _____ End date: _____
Location

Reported to: _____
Name Title

of Direct Reports and Titles: _____

Reported to you *(please include name and title)*:

Reason for leaving:

2. Previous employer: _____

Location

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____
Name Title

of Direct Reports and Titles: _____

Reported to you *(please include name and title):*

Reason for leaving:

3. Previous employer: _____

Location

Position/Title: _____ Start date: _____ End date: _____

Reported to: _____
Name Title

Reported to you *(please include name and title):*

Reason for leaving:

Club Amenities & Facility Details

Please provide the following information reflective of your most recent place of employment:

Year club founded: _____

Total number of members: _____

Number of full privileged/golf members: _____

Club type:

- Private (Member owned)
- Private (Developer owned)
- Semi- Private
- Resort
- Public
- Municipal
- Other (please describe): _____

Total acreage of property: _____

Total acreage of golf course(s): _____

Please select and describe all golf amenities/programs:

- Golf Shop(s): _____
- Driving Range: _____
- Practice Facilities: _____
- Short Game Practice Facilities: _____
- Indoor Practice Swing Studio: _____
- Putting Studio: _____
- Golf Simulation: _____
- Training Technology: _____
- Teaching Academy: _____
- Equipment Fitting: _____
- Caddie Program: _____
- Junior Program(s): _____
- Women's Program(s): _____
- Other: _____

Golf Carts

Manufacturer: _____

- Owned
- Leased

Golf Course(s):

Name(s): _____

Number of holes per location: _____

Annual rounds: _____

Tournament Days (Annually): _____

Tournament Rounds (Annually): _____

Designer(s): _____

Set of tees: _____

Seasonality: _____

Ranking: _____

Accolades: _____

Greens: _____

USGA Spec: Yes No

Acreage: _____

Grass type: _____

Fairways: _____

Acreage: _____

Grass type: _____

Tees: _____

Acreage: _____

Grass type: _____

Bunkers: _____

Special Construction: _____

Practice and Facilities:

Driving Range Acreage: _____

Short Game Area Acreage: _____

Putting Green(s) Acreage: _____

Teaching Facilities Acreage: _____

Clubhouse HOA Landscaping

Separate Income

Water

Municipal Well

Irrigation System

Manufacturer: _____

Year installed: _____

Weather System: _____

Year installed: _____

Annual Maintenance Budget:

Maintenance Staff:

Year Round: _____

Seasonal _____

Total: _____

Union: Yes No

Labor Budget: _____

Equipment:

Inventory: total \$ _____

% owned: _____

% leased: _____

Statement of Verification & Signature

By signing below, you attest that the information you provided is accurate and true to the best of your knowledge.

Signature



Candidate Compensation Profile – GOLF COURSE SUPERINTENDENT

Contact Information

Name: _____
First Middle Last

Address: _____
Street City State
Zip _____

Home Ph: _____ Work Ph: _____
Cell Ph: _____ Email: _____

Employer Information

Present/recent employer _____
Location

Position: _____ Years in position: _____
Annual base: _____ Bonus: _____
Lesson Fees & Income: _____ # of Lessons: _____
Commissions: _____ Other Income: _____

Previous employer _____
Location

Position: _____ Years in position: _____
Annual base: _____ Bonus: _____
Lesson Fees: _____ # of Lessons: _____
Commissions: _____ Other Income: _____

Benefits Information

Bonus

Bonus potential from present/most recent employer: _____

Most recent bonus received: _____

How was bonus calculated? _____

Did you receive a signing bonus? Yes No If yes, provide amount: _____

For the following, please provide information from your most recent place of employment:

Medical Insurance

- I received coverage from my employer
- I did **not** receive coverage from my employer

Percentage paid by employer: _____

Dollar value of annual medical insurance benefit: _____

Type of coverage: single/for self for spouse/family

Benefits Information (continued)

Dental Insurance

- I received coverage from my employer
- I did **not** receive coverage from my employer

Percentage paid by employer: _____

Dollar value of annual dental insurance benefit: _____

Type of coverage: single/for self for spouse/family

Life Insurance

- I received coverage from my employer
- I did **not** receive coverage from my employer

Percentage paid by employer: _____

Dollar value of annual life insurance benefit: _____

Type of coverage: single/for self for spouse/family

Disability Insurance

- I received coverage from my employer
- I did **not** receive coverage from my employer

Percentage paid by employer: _____

Dollar value of annual medical insurance benefit: _____

Type of coverage: single/for self for spouse/family

401K - Retirement Plan

- I have a 401K through employer
- I do **not** have a 401k through employer

Were you offered matching contributions? Yes annual amount: _____
 No

GCSAA of America Expense Reimbursement

Did you receive PGA expense reimbursement? Yes
 No

Please explain how these expenses were reimbursed (ex. full or partial membership, travel, and registration for conferences, etc.): _____

Other Benefits

Please describe any other benefits or perks received: _____

Statement of Verification & Signature

By providing the information contained within this form and by signing this document, you agree to provide verification of any of the information. This verification process may include requests for your IRS tax returns, W2's, employee agreements from current or previous employers, or other information.

Signature

Date