

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



Candidate Personal Profile – GOLF PROFESSIONAL/DIRECTOR OF GOLF

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

PGA classification: _____ Status: _____
Year certified: _____ PGA Section: _____

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

Awards/Recognitions: _____

Other Golf Related Experience:

- Tournaments: _____
- Junior Golf: _____
- Collegiate: _____
- Professional: _____
- Other: _____

PGA/LPGA/USGA/PGA/Other professional golf event involvement throughout career: _____

Participation/involvement in "Growing the Game of Golf" initiatives:

Coaching Experience - Collegiate or High School:

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: _____

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:

3. Previous employer: _____

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

Location

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 Course(s):

Number of holes: _____

Annual rounds: _____

Designer(s): _____

Seasonality: _____

Awards/Recognitions: _____

Hosted PGA/LPGA/USGA/PGA Tournaments and/or PGA Section Events: _____

Other: _____

Golf Shop:

Square Footage: _____

Ownership: Professional- Owned Club- Owned

Gross merchandise sales: _____

Hard goods sales: _____

Soft goods sales: _____

Dollars per round: _____

Dollars per square foot: _____

Gross profit percentage: _____

Cost of sales percentage: _____

Cost of sales: hard goods: _____

Cost of sales: soft goods: _____

Average Inventory: _____

Turnover: _____

% of lost merchandise: _____

Golf Metrics – Revenues & Headcount

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

Revenues *(projected for current year):*

Dues & Initiation Fees (Full Members): _____

Initiation Fee for Full Golf Membership: _____

Annual Dues for Full Golf Membership: _____

Green Fee revenues: _____

Cart Fees: _____

Guest Fee revenues: _____

Instruction/Lessons: _____

Tournament: _____

Carts and greens fees: _____

Instruction & Player Demographics

Number of lessons taught: _____

Number of independent contractors: _____

Number of handicaps for men: _____

Number of handicaps for women: _____

Number of handicaps for juniors: _____

Average men's handicap: _____

Average women's handicap: _____

Average junior's handicap: _____

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

Date

Candidate Compensation Profile – GOLF PROFESSIONAL/DIRECTOR OF GOLF

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

Please explain any other arrangements: _____

Auto Allowance

Did you receive an allowance for auto or transportation? Yes
 No

If yes, please choose and provide the annual dollar amount of the following if received:

- Lease _____
- Taxes _____
- Fuel _____
- Insurance _____
- Commute reimbursement _____
- Other _____

Clothing Allowance

Did you receive an allowance for wardrobe? Yes annual amount: _____
 No

Did you receive an allowance for dry cleaning? Yes annual amount: _____
 No

Please explain any other arrangements: _____

Dining Allowance

Did you receive an allowance for dining? Yes annual amount: _____
 No

Please explain any other arrangements: _____

Club Membership Privileges

Did you receive membership privileges? Yes - for self annual value: _____
 Yes - for family annual value: _____
 No

Please explain any other arrangements: _____

PGA 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