

PLEASE SEND COMPLETED FORM WITH CURRENT RESUME AND COVER LETTER TO:
news submissions@denehyctp.com



Candidate Personal Profile

**GOLF COURSE SUPERINTENDENT
DIRECTOR OF AGRONOMY /
DIRECTOR OF GOLF COURSES AND GROUNDS**

Personal Information

Date: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home #: _____ Work #: _____ Cell #: _____

Email (work): _____

Email (personal): _____

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: _____

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:

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: _____

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): _____
Total maintained acreage of golf course(s): _____
Total golf course budget: _____

Please select and describe all golf amenities/programs:

- Driving Range: (acreage and description): _____

- Short game areas (acreage and description): _____

- Ornamental gardens and grounds (acreage and description): _____

- Herb and vegetable gardens: _____

- Fruit or nut groves and production (acreage and description): _____

- Environmental areas and habitats, protected designations, other natural features i.e. maintained nature trail(s): _____

Golf Carts

Total #: _____
Manufacturer: _____
 Owned Leased

Golf Course(s):

of locations: _____
Name(s): _____
Number of holes per location: _____
Annual rounds per course: _____
Tournament Days (Annually): _____
Tournament Rounds (Annually): _____
Golf Course Architect(s): _____
Designer(s): _____
Renovation or restoration history per course (and corresponding date): _____

Set of tees: _____

Golf season begins: _____ Golf season ends: _____

Rankings:

Golf Digest: _____

Golf Weekly: _____

Golf Magazine: _____

Accolades: _____

Greens: _____

USGA Spec: Yes No

Acreage: _____

Grass type(s) and %: _____

Fairways: _____

Acreage: _____

Grass type: _____

Tees: _____

Acreage: _____

Grass type: _____

Roughs:

Acreage:

Grass Type(s) and %: _____

Number of Bunkers per course: _____

Style: _____

Practice and Facilities:

Driving Range Acreage: _____

Short Game Area Acreage: _____

Putting Green(s) Acreage: _____

Teaching Facilities Acreage: _____

Clubhouse HOA Landscaping

Separate from grounds budget

Income producing

Water

Municipal Well Other _____

Irrigation System

Manufacturer: _____

Year installed: _____

Water storage facilities: _____

Total capacity: _____

Water source(s): _____

Weather System: _____

Year installed: _____

Annual Maintenance Budget:

Golf Course Maintenance Staff:

Year Round: _____

Seasonal _____

Total: _____

Union: Yes No

Grounds/Gardens Maintenance Staff:

Year Round: _____

Seasonal _____

Total: _____

Union: Yes No

Oversight of non- golf grounds operations?: Yes No

Overall Labor Budget: _____

Equipment:

Inventory: total \$ _____

% owned: _____

% leased: _____

Annual Capital Expenditures - Equipment (5 year average) \$ _____

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 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

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: _____

GCSAA Expense Reimbursement

Did you receive GCSAA 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