

PLEASE SEND COMPLETED FORM WITH RESUME AND COVER LETTER TO:

news submissions@denehyctp.com



Candidate Personal Profile – GOLF PROFESSIONAL

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?

<input type="checkbox"/> Facebook : _____	<input type="checkbox"/> LinkedIn: _____
<input type="checkbox"/> Twitter: _____	<input type="checkbox"/> YouTube: _____
<input type="checkbox"/> Instagram: _____	<input type="checkbox"/> 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: _____

Reported to: _____

Name

Title

Location

of your Direct Reports and Titles: _____

Reason for leaving:

2. Previous employer: _____

Position/Title: _____ Start date: _____ End date: _____
Reported to: _____
Name Title Location

of your Direct Reports and Titles: _____

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: _____

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: _____ Average men’s handicap: _____

Number of independent contractors: _____

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

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 _____

Please describe your paid time off (PTO) benefits: _____

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

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 disability 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