

PLEASE SEND COMPLETED FORM WITH RESUME AND COVER LETTER TO:  
[newsubmissions@denehyctp.com](mailto:newsubmissions@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: \_\_\_\_\_  
*Location*

Reported to: \_\_\_\_\_  
*Name Title*

# of your Direct Reports and Titles: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

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2. Previous employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Reported to: \_\_\_\_\_  
*Name Title Location*

# of your Direct Reports and Titles: \_\_\_\_\_

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Reason for leaving:

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### 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 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: \_\_\_\_\_

Paid Time Off (PTO = Vacation, Sick, Holiday): \_\_\_\_\_

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

**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: \_\_\_\_\_  
\_\_\_\_\_

**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*