

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: _____

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

You agree that Club Thinking Partners and its third-party affiliates may verify the information provided herein.

Signature

Date