

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



Candidate Personal Profile - Director of Retail/Merchandiser/Buyer

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: _____

Other industry aligned courses of study:

Dates attended/completed: _____
Dates attended/completed: _____

Membership/Certifications

- Association of Golf Merchandisers (AGM)
 PGA classification: _____ Status: _____
Year certified: _____ PGA Section: _____
 LPGA classification: _____ Status: _____
Year certified: _____

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

Awards/Recognitions: _____

Employer Information

1. Present/most recent employer: _____

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

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: _____
Reported to: _____
Name Title Location

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

Location

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
- Off- Course Stores
- 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: _____

Retail Operations

Golf Shop(s):

Number of Shops: _____ Square Footage(s): _____

Ownership: Professional- Owned Club- Owned

POS System: _____

Purchasing Responsibilities: Soft Goods Hard Goods Other: _____

Gross merchandise sales: _____
Soft goods/Apparel sales - Women: _____
Soft goods/Apparel sales - Men: _____
Hard goods/Equipment sales: _____

Revenue per round: _____
Revenue 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: _____
Number of Lines/Brands carried:

- Men's Apparel: _____
- Ladies Apparel: _____
- Junior Apparel: _____
- Clubs: _____
- Headwear: _____
- Balls: _____
- Shoes: _____
- Bags: _____
- Gloves: _____
- Accessories: _____
- Gifts: _____
- Other: _____

Other Buying Responsibilities:

Tennis Fitness Spa Other: _____

Pro Shop(s) Square Footage:
Tennis: _____ Fitness: _____ Spa: _____ Other: _____

Gross merchandise sales:
Tennis: _____ Fitness: _____ Spa: _____ Other: _____

Cost of sales percentage:
Tennis: _____ Fitness: _____ Spa: _____ Other: _____

Average Inventory:
Tennis: _____ Fitness: _____ Spa: _____ Other: _____

Additional Information: _____

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: _____

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 – Director of Retail/Merchandiser/Buyer

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: _____
Commissions: _____ Other Income: _____
Source/Basis for other income: _____

Previous employer _____
Location

Position: _____ Years in position: _____
Annual base: _____ Bonus: _____
Commissions: _____ Other Income: _____
Source/Basis for 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

Association Membership Expense Reimbursement

Did you receive AGM expense reimbursement? Yes
 No

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