

Woussickett Golf Course Team Member Application



Please print in all boxes and sign where necessary. If further room is needed to write, please attach on an additional sheet of paper.

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Telephone	Alternate Phone
If under 18, please list age	Email

Position/Hours						
Position Desired						
<input type="checkbox"/> Proshop	<input type="checkbox"/> Starter/Ranger	<input type="checkbox"/> Tavern	<input type="checkbox"/> Golf Outings	<input type="checkbox"/> (Outside) Course Maintenance		
Days/hours available to work						
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		<input type="checkbox"/> Full – or Part-time		Date available to begin:	
Available hours you can work weekly?			<input type="checkbox"/> Can you work days?	<input type="checkbox"/> Can you work nights?	<input type="checkbox"/> Can you work both days/nights?	

Please list work experience in the last 3 jobs that you held, starting with the most recent.

Work Experience		
Company	Name of Supervisor	
Address	City, State, and Zip Code	
Phone Number	Employment Start Date	Employment End Date
Your last job title	Starting Salary	Ending Salary
Reason for leaving (be specific)		
List the duties/responsibilities performed, skills used and learned, and any advancements or promotions while with company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience		
Company	Name of Supervisor	
Address	City, State, and Zip Code	
Phone Number	Employment Start Date	Employment End Date
Your last job title	Starting Salary	Ending Salary
Reason for leaving (be specific)		
List the duties/responsibilities performed, skills used and learned, and any advancements or promotions while with company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience		
Company	Name of Supervisor	
Address	City, State, and Zip Code	
Phone Number	Employment Start Date	Employment End Date
Your last job title	Starting Salary	Ending Salary
Reason for leaving (be specific)		
List the duties/responsibilities performed, skills used and learned, and any advancements or promotions while with company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education/Training	
Type of School(s) attended (check all that apply).	
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Trade School <input type="checkbox"/> Professional School <input type="checkbox"/> Other	
Name of School	Number of Years Completed
Major/Degree	Dates Attended
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Name of School	Number of Years Completed
Major/Degree	Dates Attended
List any certifications	

Military Information		
Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered _____	Date Discharged _____
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered _____	Date Discharged _____

Additional Information		
Have you worked for this golf course in the past or any of our sister courses (Green Hills Golf Course or River Cliff Golf Course)? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
What do you know about golf? Have you played golf? Explain.		
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what state?
Have you had any accidents during the past 3 years? If so, advise how many. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had any moving violations during the past 3 years? If so, advise how many. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list 2 references other than relatives.

References	
Name	Company
Position	Telephone Number
Address	
Name	Company
Position	Telephone Number
Address	

I understand that by signing this application I certify that the above information is correct to the best of my knowledge. I understand that if any of the above information is false or misleading that my application may be rejected or my employment with the company may be terminated. I also understand that a background check may be conducted as part of the interview process.

Print Name	Signature	Date
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