

TODAY'S DATE: _____

APPLYING FOR: _____

FULL TIME

PART TIME



BRACKETT'S CROSSING C. C.
17976 JUDICIAL RD.
LAKEVILLE, MN 55044
(952) 435-7600 – Office
(952) 435-7700 – Golf Shop

PERSONAL INFORMATION

| | |
|----------------------------------|---------------------------|
| NAME: | DATE OF BIRTH (OPTIONAL): |
| STREET: | SOCIAL SECURITY #: |
| CITY: | HOME PHONE: |
| STATE: ZIP: | BUSINESS PHONE: |
| E-MAIL ADDRESS: | CELL PHONE: |

EDUCATION

| | NAME & LOCATION | FROM | TO | MAJOR | DATE GRADUATED |
|-------------|-----------------|------|----|-------|----------------|
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| OTHER | | | | | |

EMPLOYMENT (START WITH MOST RECENT)

| | |
|--------------------------------|--------------------|
| FROM: TO: | EMPLOYER: |
| JOB TITLE: | SUPERVISOR'S NAME: |
| ENDING SALARY: | PHONE NUMBER: |
| REASON FOR LEAVING: | |

| | |
|--------------------------------|--------------------|
| FROM: TO: | EMPLOYER: |
| JOB TITLE: | SUPERVISOR'S NAME: |
| ENDING SALARY: | PHONE NUMBER: |
| REASON FOR LEAVING: | |

| | |
|--------------------------------|--------------------|
| FROM: TO: | EMPLOYER: |
| JOB TITLE: | SUPERVISOR'S NAME: |
| ENDING SALARY: | PHONE NUMBER: |
| REASON FOR LEAVING: | |

REFERENCES (MUST NOT BE A RELATIVE)

| | |
|-------|----------|
| NAME: | PHONE #: |
| NAME: | PHONE #: |
| NAME: | PHONE #: |

SPECIAL QUESTIONS

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Are you at least 18 years of age? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] May we contact your current employer? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Referred by or how did you hear about us: | Are you at least 16? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

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| Can you perform the essential functions of this job with or without reasonable accommodations? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If you need accommodations, please list what is needed: |
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| Have you ever worked at a Country Club? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If yes, name of Club and details: |
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| |
|-------------------------------------------------------------|
| List your qualifications for this job you are applying for: |
|-------------------------------------------------------------|

| |
|-----------------------------------------------------------------|
| List name and number of person to contact in case of emergency: |
|-----------------------------------------------------------------|

SCHEDULE (INDICATE HOURS YOU ARE AVAILABLE)

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

| | |
|------------------------------|--------------|
| STARTING DATE: | ENDING DATE: |
| CONFLICTS THROUGHOUT SUMMER: | |

I authorize Brackett's Crossing Country Club to investigate all statements and information contained in this Employment Application. I understand that misrepresentation or omission of facts requested is cause for dismissal. My employment is for no definite period of time and may be terminated at any time without previous notice. Further, I understand that I am being hired for a probationary period of 30 days.

SIGNATURE: _____ DATE: _____

WINTER HOME (OR OPTIONAL ADDRESS)

| | |
|----------------------------------|----------------------|
| STREET: | NAME: (IF DIFFERENT) |
| CITY: | |
| STATE: ZIP: | PHONE: |