



Lakeside Golf Club

Application for Employment

Last Name (Please Print) MI First

Address City State Zip

Birth Date Home Phone Cell Phone

Email Emergency Contact Emergency Phone

Date available to start MM/DD/YY Desired Salary

Position Applied for

Social Security Number Driver's License Number

GENERAL QUESTIONNAIRE

1. Are you a U.S. Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No
2. Have you ever worked for this company? Yes No If yes, when? _____
3. Have you ever been convicted of a felony? Yes No If yes, explain: _____
4. Have you previously served in the U.S. Military? Yes No If yes, which branch? _____
4.1. Type of Discharge: _____

AVAILABILITY:

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday : _____

PREVIOUS EMPLOYMENT

Position Title: Employer: Mailing Address: Telephone #: () -			Immediate Supervisor Name: Title: Telephone #: () -		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary							
Telephone #: () - <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Start Date mm/dd /yyyy</td> <td style="width: 20%;">End Date mm/dd /yyyy</td> <td style="width: 60%;">Current or Final Salary \$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$				Is/was this position <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial If this position was supervisory, list the number of employees you supervised:		May we contact your previous supervisor for a reference? Yes No <input type="checkbox"/> <input type="checkbox"/>	
Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$										
Summary of Experience:												
Specific reason for leaving:												

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Specific reason for leaving:												

EDUCATION

Check highest grade completed:		1	2	3	4	5	6	7	8	9	10	11	12	Did you graduate/achieve GED?	Yes	No
Type of School	Name and Location of School	Dates Attended From To Mo / Yr Mo / Yr		Semester or clock hours completed	Did you graduate?		Expected Graduation Date	Type of Diploma / Degree	Major / Minor Field of Study							
Undergraduate Colleges or Universities					Yes <input type="checkbox"/>	No <input type="checkbox"/>										
					Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Graduate Schools					Yes <input type="checkbox"/>	No <input type="checkbox"/>										
					Yes <input type="checkbox"/>	No <input type="checkbox"/>										

REFERENCES

1. _____
 Last Name (Please Print) MI First

 E-Mail Phone

 Relationship

2. _____
 Last Name (Please Print) MI First

 E-Mail Phone

 Relationship

3. _____
 Last Name (Please Print) MI First

 E-Mail Phone

 Relationship

Disclaimer: I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading statements or information in my application or interview may result in immediate release.

Signature:

Date:

Date received by Lakeside Golf Club Inc. Management Team Member: _____