

~ Application For Employment ~

Maple Grove Country Club, Inc.

(Please Print)

PERSONAL INFORMATION

Social Security Number: _____ - _____ - _____ Date: _____

Name: _____
Last
First
Middle

Present Address: _____
Street
City
State
Zip Code

Permanent Address: _____
Street
City
State
Zip Code

Phone Number: (____) _____ Cell Number: (____) _____

Are You Over 18 Years Old: _____ If No, Please Enter Date of Birth: _____

If related to anyone in company state name and department: _____ Referred By: _____

EMPLOYMENT DESIRED

Maple Grove C.C. is an Equal Opportunity Employer

Departments:	<u>Restaurant / Banquet</u>	<u>Pro-Shop</u>	<u>Grounds</u>	<u>Misc.</u>
	____ Server	____ Desk Clerk	____ Grounds Crew	____ Janitor
	____ Bartender	____ Starter	____ Weekend Crew	____ Laundry
	____ Bus Person	____ Ranger	____ Water	____ Snack Shop
	____ Dishwasher	____ Bev. Cart	____ Mechanic	____ Life Guard
	____ Line Cook	____ Snack Bar		

Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? _____ If So, May We Inquire Of Your Present Employer? _____

Ever Applied To This Company Before? _____ What Department? _____ When? _____

EDUCATION

	Name & Location (City, State)	Years Attended	Graduated Yes or No	Subjects Studied
Grammar School		N/A	N/A	N/A
High School				N/A
College				
Trade, Business Or Correspondence School				

Please List Any Subjects Of Special Study Or Research Work: _____

Other Activities Of Interest Other Than Religion (example Civic, Athletic, Etc.): _____

FORMER EMPLOYMENT

List Below The Last Four Employers, Starting With The Last One First.

From: Month / Year	Name & Address Of Employer	\$ Per Hour	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

List Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

REFERENCES

Name: _____ Name: _____ Name: _____
Address: _____ Address: _____ Address: _____
City: _____ St: _____ City: _____ St: _____ City: _____ St: _____

PHYSICAL RECORDS

List Any Physical Defects (example: Vision, Hearing, Speech, Back, etc.): _____

Were You Ever Injured? _____ Give Details? _____

In Case Of An Emergency Notify: _____
Name Address Phone Number

NOTICE

I authorize investigation of all statements contained in this application. I understand the misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without any previous notice.

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line

REMARKS

School Schedule
Available To Work: Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____

On A Scale From 1 To 5: Neatness: _____ Personality: _____ Character: _____ Ability: _____
1= Poor, 5= Excellent

Hired: _____ Dept. _____ Position: _____ Will Report: _____

Management Signature: _____ Date: _____ Salary / Wage: _____