

Date: \_\_\_\_\_



## Fox Valley Golf Club - Employment Application

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

Position applied for \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(you may be required to provide documentation)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

### Education

	School Name/Location	Grad Yr	Major
High School	_____	_____	_____
College	_____	_____	_____
Post-College	_____	_____	_____
Other Training	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Employment History** (start with most recent employer)

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
End Date \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
End Date \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**BELOW: FOR INTERNAL PURPOSES ONLY**

Position Title/Dept: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Manager: \_\_\_\_\_ Date: \_\_\_\_\_