



Applying for:

Golf Shop

Maintenance

480 55th Avenue SE ♦ St. Cloud, MN 56304

**Territory Golf Club is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against qualified individuals with disabilities. In your particular jurisdiction state or local laws may protect against discrimination on account of sexual orientation or marital status. Contact your legal adviser to determine whether these types of discrimination should be included in your application.**

**EMPLOYMENT APPLICATION**

First Name	Initial	Last Name	Social Security Number	Phone Number
Street		City	State	Zip
Email Address:				

**AVAILABILITY**

Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Expected Last Day to Work: \_\_\_\_\_

**LIST HOURS AVAILABLE TO WORK:**

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

**EDUCATION**

High School/College	Location	City, State	Contact Person, Teacher/Counselor	Last Grade Completed	Grade Point Average	Graduate or Now Enrolled
Sports/Activities						

**HOW WOULD YOU RATE YOURSELF**

(1 = Weak, 2 = Improvement, 3 = Solid, 4 = Strength, 5 = Superstar)

- \_\_\_\_\_ HOSPITALITY: Your natural friendliness and customer service skills.
- \_\_\_\_\_ ENERGY LEVEL: Your enthusiasm, self-motivation and sense of urgency.
- \_\_\_\_\_ RELIABILITY: Your dependability, attendance, self-discipline, and dedication.
- \_\_\_\_\_ COMMUNICATION SKILLS: Your ability to listen well, express yourself clearly and accept feedback.
- \_\_\_\_\_ PERSONAL PRIDE: Your appearance, hygiene, and achievement.
- \_\_\_\_\_ TEAMWORK: Your cooperation with others and team spirit.

**MILITARY**

Were you ever in the Armed Forces?	Branch of Service:
Starting Rank:	Rank at Discharge:

**IN CASE OF EMERGENCY NOTIFY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

**BACKGROUND**

- Yes No Do you have reliable transportation to get to work?
- Yes No Have you ever been counseled or disciplined for cash handling violations?
- Yes No Have you ever been counseled or disciplined for being late or absent from school or work?
- Yes No Are you over 18?

## WORK EXPERIENCE

Starting with your most recent employer. May we contact these employers < Yes < No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

## REFERENCES

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

NEATNESS \_\_\_\_\_

ABILITY \_\_\_\_\_

HIRED < Yes < No \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

POSITION \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTED TO WORK \_\_\_\_\_

\* This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.