

# Employment Application Form

Lake Miltona Golf Club



## Personal Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

## Employment Desired

Position(s) applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Employment Sought:  40-30 hours/week  less than 30 hours/week

Date you can begin: \_\_\_\_\_ Salary desired: \_\_\_\_\_

If student, School ending date: \_\_\_\_\_ Fall starting date: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact employer?  Yes  No

Can you, at the time of employment, submit verification of your legal right to work in the United States?

Yes  No

## Education

High School \_\_\_\_\_ Location \_\_\_\_\_ Graduate?  Yes  No

College \_\_\_\_\_ Location \_\_\_\_\_ Graduate?  Yes  No

College \_\_\_\_\_ Location \_\_\_\_\_ Graduate?  Yes  No

Trade/Business/Graduate School \_\_\_\_\_

Location \_\_\_\_\_ Graduate?  Yes  No

## Employment History — *list most recent first*

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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References — list 3 individuals [not related to you] who are familiar with your work-related skills.

Name	Position	Telephone No.	Years Acquainted

Please Answer:

Do you have reliable transportation?

\_\_\_\_\_

What are your personal commitments for this upcoming summer?

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

Where did you hear about this position?

\_\_\_\_\_

**Please read carefully the section below before signing**

I certify that I have completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise.

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

After completing this application, please print and sign.

You can submit this to Lake Miltona Golf Club

by mail: 3868 County Rd 5 NE, Alexandria MN 56308  
scan and email: info@lakemiltonagolfclub.com