

# Shamrock Heights Golf & Supper Club

N5585 Old Hwy. 45

New London, WI 54961

Today's Date:
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## Personal Information

Name (Last, First, Middle Initial)		Social Security Number - - -	
Address		City	State      Zip Code
Phone Number	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 yrs. of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, plead guilty to, or received deferred adjudication of a crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Conviction does not automatically disqualify you from employment. All circumstances will be considered.</i>			

All offers of employment are conditioned upon the right to work in the United States and proof of such right will be required with three (3) working days from when your employment begins.

## Employment Desired

Position Desired	Date You Can Start	Salary Desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for work? (Please check if "YES".)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends

## Education

Name & Location of School	# of Years Attended	Graduate?	Major
High School			
College			
GED			
Trade, Business, or Technical School			
Military/Other			

Please list any other information you think would be helpful in considering you for employment (i.e., activities, accomplishments, current course work, professional accreditation, etc.).

**Former Employers**

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

Date Month and Year	Name & Address of Employer	Reason for Leaving	Ending Salary
From			
To			
Describe your duties:			
Immediate Supervisor:			

**References**

Name	Address	Years Known

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_