

Vitense Golfland

EMPLOYMENT APPLICATION

Please complete and sign this application and return to main counter.

PERSONAL INFORMATION	•	TODAY'S DATE		
Last Name	First Name		Middle Initial	
Street Address	City	State	Zip Code	
Birth date (if under 18)	_ Phone Number ()	Email		
Are you a citizen or the United States or,	if not, are you legally authorized to	work in the United S	States []Y or []N	
Have you ever been convicted of a Felon	y?[] Y or [] N			
Please indicate (x) which of the following	g types of work you are willing to a	ccept:		
[] Full-time Year-round [] F	'art-time Year-round			
[] Full-time Summer Seasonal [] P	'art-time Summer Seasonal			
EMPLOYMENT DESIRED				
Position Desired				
Date You Can Start	How many hours pe	er week do you exped	et to work?	
What days of the week can you work?				
Are there any limitations as to the hours y	you can work (please describe)?			
CURRENT & FORMER EM Current Employer Name			m hou	
Current Position				
Supervisor Name				
Street Address				
May We Contact Your Current Employer	·		•	
Former Employer Name	•	Phona Nur		
• •			nher	
			mber	
110111 10 105111				
	on	v	Vage	
Street Address	on City	V	Vage Zip	
Street AddressReason For Leaving	ion City	V	Vage e Zip	
Street Address Reason For Leaving Former Employer Name	city	Stat	Vage e Zip	
Street Address Reason For Leaving Former Employer Name Supervisor Name	on City	Stat	VageZip	
Street Address Reason For Leaving Former Employer Name	con City	V Stat	VageZip mber	



High School Name of High School______ City_____ State_____ College Name of College______ City_____ State____ Year of Graduation or Expected Graduation______ Dates Attended_____ __ Major______ Trade, Business, Correspondence or Graduate School Name of School City_____State____ Year of Graduation or Expected Graduation______ Dates Attended_____ Degree______Major_____ REFERENCES Please provide three references whom are not related to you and whom you have known for at least one year. Business & Position_____ Street Address______ City_____ State____ Zip____ Number of Years Known Phone Number Name______Business & Position_____ Street Address City State Zip Number of Years Known_____ Phone Number____ Name Business & Position Street Address City State Zip Number of Years Known Phone Number **OTHER INFORMATION** Please provide any other pertinent information that would be valuable in our decision to hire you (attach additional pages if necessary). **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 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 any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. Date_____ Signature____