

SONGBIRD HILLS GOLF CLUB

W259 N8700 HWY 164
Hartland, WI 53029
Tel. (262) 246-7050 Fax. (262) 246-6695
www.GolfSongbird.com

JOB APPLICATION FORM

NAME _____ (Please Print)

ADDRESS _____ SOCIAL SECURITY # _____

_____ ZIP _____ DATE OF BIRTH (If under 21 years of age)

TELEPHONE _____ MONTH _____ DATE _____ YEAR _____

E-MAIL _____ ARE YOU A U.S. CITIZEN? _____ YES _____ NO

JOB DESIRED: _____ FULL-TIME (35 + Hours/Week)

_____ PART-TIME (15-30 Hours/Week)

ANY DAYS OR TIMES YOU CANNOT WORK: _____

DATE AVAILABLE TO BEGIN: _____

WORK EXPERIENCE:

LAST EMPLOYER (COMPANY NAME): _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

JOB TITLE: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

EDUCATION:

MOST RECENT SCHOOL ATTENDED: _____ YEAR: _____

GRADE COMPLETED: _____ MAJOR OR AREA OF EMPHASIS: _____

LAST MATH COURSE COMPLETED _____ GRADE (A, B, C, D)

WHY ARE YOU INTERESTED IN WORKING AT SONGBIRD HILLS GOLF CLUB ?

SIGNATURE: _____ DATE: _____