

# 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)

Phone (H) \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

(Cell) \_\_\_\_\_

Valid Driver's License \_\_\_\_\_ YES \_\_\_\_\_ NO

E-Mail \_\_\_\_\_ Are You a U.S. Citizen? \_\_\_\_\_ YES \_\_\_\_\_ NO

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### JOB DESIRED:

\_\_\_\_\_ FULL-TIME (35 + Hours/Week)

\_\_\_\_\_ PART-TIME (15-30 Hours/Week)

Any days or times you CANNOT work: \_\_\_\_\_

Date available to begin: \_\_\_\_\_

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### WORK EXPERIENCE (Past Employment):

Last Employer (Company Name): \_\_\_\_\_

Prior Employer (Company Name): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Employment Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Employment Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### EDUCATION:

Most recent school attended: \_\_\_\_\_ Year: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Major or area of emphasis: \_\_\_\_\_

Last math course completed \_\_\_\_\_ Grade ( A, B, C, D )

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

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